

REQUEST FOR PAYMENT OR REIMBURSEMENT

Please sign and attach all receipts and/or invoices

Comal Master Gardener Association

The undersigned certifies that these purchases and/or expenses were necessary to effectively and efficiently carry out a program of Master Gardener work and that the nature of such purchases and/or expenses incurred did not in any manner result in a personal benefit to the claimant. If this is a claim for reimbursement, claimant further certifies that the cost of such items has been fully paid as evidenced by receipts attached hereto.

Reimbursement or Payment for: _____
(Brief description of purchases/expenses)

Purchases/Expense made on behalf of: _____
(Committee involved/related to budget item)

Amount requested: _____ Date(s) incurred from: _____ /to _____

If more than one request form is being combined this is request # _____ of _____

Requested by: _____

Check to be payable to: _____

Payment authorized by: _____ Title _____
(Signature of Committee Chair or other authorized individual)

(Signature of President or President Elect)

Date paid: _____ Check # _____ Total amount _____

Other Information: