

# 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 carry out a program of Master Gardener work effectively and efficiently, 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, the 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: \_\_\_\_\_

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 Vice President)

## **Other Information:**

Budget Account Title: \_\_\_\_\_ Amount: \_\_\_\_\_

Budget Account Title: \_\_\_\_\_ Amount: \_\_\_\_\_

Date paid: \_\_\_\_\_ Paid amount: \_\_\_\_\_ Check # / or Epay Reference: \_\_\_\_\_

Notes: \_\_\_\_\_