

Master Gardener Association of Tippecanoe County, Inc.

REQUEST FOR REIMBURSEMENT

Name of Committee/Project _____

Name of Committee/Project Chair _____

Reimbursement check payable to _____

Please check where money to pay expense is from:

MGATC Budget _____

Grant _____ **Name of Grant** _____

Gift _____ **Name of Gift** _____

Short explanation of the expenses:

Sign each receipt and attach to this form.

Signature of committee/project chair

Date

Check number

Date