



Master Gardener Check Request Form & Budget Request Form for Dollars above Approved Funds

Date: _____

Program/Activity/Project Name: _____

Your Name: _____

Address: _____

Telephone: _____ E-Mail: _____

Description of Expense: _____

Amount of Expense: _____

_____ Reimbursement – Make Check Payable To: _____

Address to Mail to: _____
(if different from above)

_____ Donation _____

Your Signature: _____

Signature of Program/Activity/Project Chair: _____

President or Executive Committee Approval Signature: _____
(required for funds not pre-approved, if over \$50.00)

Check appropriate box under which this program/activity/project falls:

Public Outreach/Education	Public Relations & Fundraising	MG Communication & Education

***Attach Original Receipt(s) to this form.

***Submit to Program/Activity/Project Chairperson within 2 weeks of event/project completion.

For accounting use only:

Date Issued	Amount	Check #	Date Mailed