



Request for Reimbursement
Lapeer County Master Gardener Association

Please **print** clearly and use separate form for each project. **Receipts must be attached.**

Reimbursements will be distributed at the next Association or Display meeting. If you require reimbursement sooner, attach a stamped, self-addressed envelope.

Date: _____ Submitted by (Name): _____

Phone Number: _____ Email: _____

Make check payable to (print clearly): _____

Reimbursement Category (select only 1)	
Association Account	Display Garden Account
<input type="checkbox"/> Community Garden Project: _____ _____ <input type="checkbox"/> Meeting expenses <input type="checkbox"/> Newsletter expenses <input type="checkbox"/> Speakers fee/donation <input type="checkbox"/> Fall Banquet <input type="checkbox"/> Other: _____	<input type="checkbox"/> Garden Bed: _____ <input type="checkbox"/> Tea <input type="checkbox"/> Brick engraving <input type="checkbox"/> Other: _____ <div style="text-align: center;">Display Chair signature (required):</div>
Description/explanation:	

Was this item approved in the current year's budget? Yes No

Attach Receipts Here

Date Paid:	Check Number:
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