

Master Gardener Foundation of Thurston County Reimbursement Request

Instructions: Attach all receipts by staple or in an envelope attached to request form. **DO NOT** combine purchases made for personal use with those for this request. Ask vendor for a separate receipt. **NO** photocopied receipts. All receipts should indicate paid as any direct payment to a requester is for reimbursement only. **NO** blanket, undocumented requests will be accepted.

(1) Program, Event or Program Site: _____ Date of Request: _____

(2) Describe project or Funding Request (attach all paid receipts or vendor supplied estimate)

(3) Amount Requested: _____

(4) Requester's signature: _____

(5) Requester's Printed Name: _____

(6) Payment to be made to: _____

Address: _____

(7) Signature Approval from Foundation Project Chair, Lead or Program Manager:

_____ Date Approved: _____

(8) Expense Category Line: _____ \$ _____ \$ _____

_____ \$ _____ \$ _____

TREASURER'S USE ONLY

RR # MG -- --

Amount Paid: _____

Date Paid: _____

Check Number: _____

Notes:

Instructions

1. Enter name of program, event or program site for this request, i.e., plant sale, garden rhapsodies, DirtWorks, etc. Enter the date of this request for reimbursement.
2. Enter a description of the funding request. Attach all receipts either by staple or in an envelope to assure receipts do not get lost during handing. Do not combine purchases made for personal use with those for this receipt. Ask the vendor for a separate receipt. All receipts should indicate paid as any direct payment to a requester is for reimbursement only. No blanket, undocumented requests will be accepted.

If a prepayment is to be made to a vendor, the vendor prepared estimate must be attached showing an itemized list, prices, taxes and the length of time the estimate is valid.

If payment is to a vendor, completed vendor invoice must be attached showing an itemized list of goods or services, prices.

3. Enter the amount requested is in this request. This should exactly match the attached receipts or vendor prepared estimate or invoice.
4. Enter the signature or the individual requesting reimbursement.
5. Enter the printed name of the requester.
6. Enter the name of the person the reimbursement is to be send with the address. If there is more than one person to be paid on this request, please enter the names and addresses of each person and the amount of the check for each person.
7. Give the completed form with the receipts to the approving project lead or event chair. The approving person will review the receipts for correctness and appropriateness. If approved, this individual will sign and date as approved. If the requester and the approved are the same person, a Foundation Board Officer is the approver. Any reimbursements for the demonstration gardens and the Extension office will be approved by the Program Manager.
8. The approving person will enter the specific expense category line this expenditure is to be applied. If more than one, enter all that apply with appropriate amounts. The total must match the amount requested in item (3) above.

The approving person will give this form and receipts to the Foundation Treasurer either in person, mailed, or placed in the treasurer's mailbox in the Extension office. The Treasurer will reimburse according to the instructions shown on this form. Any discrepancies found will be discussed with the approver.