



Master Gardener Foundation of Clark County Grant Expense Reimbursement Form

| | |
|--|--|
| Grant Name: | |
| Requested By: <i>(Please print)</i> | |
| Pay Check To: | |
| Mail To Address: | |
| City/St/Zip: | |

Please list expenses below with explanation of expense. Attach all receipts to this form and submit to Treasurer, Master Gardener Foundation, 1919 NE 78th St, Vancouver WA 98665 by Nov 15th.

| Date | Expense/Reason | Expense Amount |
|----------------------------|----------------|----------------|
| _____ | _____ | \$ _____ |
| _____ | _____ | \$ _____ |
| _____ | _____ | \$ _____ |
| _____ | _____ | \$ _____ |
| _____ | _____ | \$ _____ |
| _____ | _____ | \$ _____ |
| _____ | _____ | \$ _____ |
| Total Reimbursement | | \$ _____ |

Signature: _____ Date: _____

Phone: () _____ Email: _____

FOR OFFICE USE ONLY

Post to Expense Account:

| | | |
|-------|----|-------|
| _____ | \$ | _____ |
| _____ | \$ | _____ |
| _____ | \$ | _____ |

Expense category(s) on form have been verified - Signers initial: _____

Check No Issued: _____ *Date Issued:* _____ *Check Amount:* \$ _____

Receipts equal to amount of check have been verified - Signers initial: _____