

GWINNETT COUNTY MASTER GARDENERS ASSN.

EXPENSE REIMBURSEMENT FORM

Please return completed with receipts attached to:
5525 Azalea Crest Lane, Sugar Hill, GA 30518

Date: _____

Check Requested By: _____

Payable to (if different): _____

Check Mailing Address: _____
(required) _____

INSTRUCTIONS: *Please print. Attach all receipts, photocopies are OK.*

<i>Project Name or Budget Item</i>	<i>Vendor</i>	<i>Item Use Description</i>	<i>Amount</i>
		Total Reimbursement Requested:	\$0.00

Please group expenses by Project/Budget item and provide sufficient explanation so that expenses can be adequately reported to IRS. GCMGA is a non-profit, but we are still subject to tax audit.

Treasurer's Use Only

Date Paid: _____ **Check Number:** _____ **Code(s):** _____