



# Tennessee Master Gardener Expense Reimbursement Form

County \_\_\_\_\_

Activity Date(s) \_\_\_\_\_ to \_\_\_\_\_

*(Check all that apply)*

- Continued Education
- Development
- Membership
- Newsletter
- Fundraiser
- Other (please specify)

\_\_\_\_\_  
\_\_\_\_\_

Expense Description	\$ Amount
<b>Total:</b>	

Submitted by: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Treasurer: \_\_\_\_\_ Date: \_\_\_\_\_

Reimbursement issued to: \_\_\_\_\_

Check Number \_\_\_\_\_  Cash    Amount: \_\_\_\_\_ Date: \_\_\_\_\_

No reimbursements will be issued without a receipt.