

Claim for Reimbursement of Expenses

REQUEST FOR PAYMENT

Comal Master Gardener Association

The undersigned certifies that these purchases and/or expenses were officially necessary to effectively and efficiently carry out a program of Master Gardener work and that the nature of such purchases and/or expenses incurred did not in any manner result in a personal benefit to the claimant. It is further certified that the cost of such items has been fully paid as evidenced by signed receipts attached hereto, and that the undersigned has not been reimbursed for any portion of the claim from any source and will not receive reimbursement from any source except under this claim.

Reimbursement for: _____

(Brief description of purchase expenses)

Purchase/Expense Made on Behalf of: _____

(Committee involved/related to budget line item)

Amount of Requested Reimbursement: _____ Date Expense Incurred: _____

Requested by: _____ Requestor's Title: _____

(Signature of Requestor)

Payment Authorized By: _____ Date of Request: _____

Date: _____

(President's Signature)

Date Paid: _____ Check #: _____ Amount: _____ Payable to: _____

(Note: All requests for payment must be accompanied by signed receipts. Receipts must be attached to request.)