



TMGA Expense Reimbursement Form

Date _____

Payable To: _____

Amount (attach original bills): _____ Budgeted Expense ___ Y ___ N

Committee/Project/Account: _____

Purpose of Purchases: _____

Disposition of check:

Return to: (Name) _____

(Address) _____

(Email Address) _____

Requested by: _____ Date: _____
(Signature)

Approved by: _____ Date: _____
(Signature of Responsible Officer/Committee Chair)

All expenses must have a receipt.
Non-budgeted expenses must be approved by the Executive Committee.

PLEASE PRINT LEGIBLY. MAIL TO:

[Sarah Lawson Treasurer](#)
[Texas Master Gardener Association](#)
[2780 Fern Valley Lane TX 75087](#)
[E-mail: salawson77@gmail.com](mailto:salawson77@gmail.com)

FOR TREASURER'S USE ONLY

CHECK AMOUNT: \$ _____ *CHECK #:* _____ *DATE:* _____