

# Big Spring Master Gardener Association Expense Reimbursement Form



501 (C) (3) organizations are not required to complete this

Greene County

Date(s) \_\_\_\_\_

*(Check all that apply)*

- Boys & Girls Club
- Christmas Parade
- Fairgrounds Landscape
- Kid's Day on the Farm
- LAB
- New Hope Cemetery
- Plant Sale
- Soup Kitchen
- Other (please specify) \_\_\_\_\_

Expense Description	\$ Amount
Total:	

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

Signature of Project Leader: \_\_\_\_\_ Date: \_\_\_\_\_

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

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

No reimbursements will be issued without a receipt.