



Tennessee Master Gardener Expense Reimbursement Form

501(c)(3) organizations are not required to complete this form. County _____

Activity Date(s) _____ to _____

(Check all that apply)

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

Expense Description	\$ Amount
Total:	

Submitted by: _____ Date: _____

Signature of Treasurer: _____ Date: _____

Reimbursement issued to: _____

Check Number _____ Cash Amount: _____ Date: _____

No reimbursements will be issued without a receipt.