

**Clark County Master Gardener Volunteers  
P.O. Box 158 Springfield, Ohio 45501**

Reimbursement Request Form / Check Request

Date \_\_\_\_\_

Pay To: \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Expense Distribution:

ACCT# \_\_\_\_\_ AMOUNT \$ \_\_\_\_\_

ACCT# \_\_\_\_\_ AMOUNT \$ \_\_\_\_\_

ACCT# \_\_\_\_\_ AMOUNT \$ \_\_\_\_\_

TOTAL AMOUNT \$ \_\_\_\_\_

PURPOSE FOR EXPENSE : \_\_\_\_\_

Note: ALL SALES RECEIPTS MUST BE ATTACHED AND CORRECT ACCOUNT # LISTED

**\*\*\*AS A 501C3 GROUP NO SALES TAX IS TO BE PAID OR REIMBURSED\*\*\***

Request will not be considered if not completed and signed

***Committee Chair must Approve and Sign Here:***

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CHECK # ISSUED \_\_\_\_\_ TREASURER SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_