

Northeast Tennessee Master Gardener Association

Reimbursement Form

Treasurer: Michelle Hejny, 423-676-4583

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Receipts should contain:

date of purchase

name of business (payee) and contact information (location/phone number)

total amount paid

payment method

detailed description of goods or services

Indicate what item was purchased for:

Hospitality, Programs, Publicity, Printing, Mailing, Door Prizes, Mini-Grants, Other

ATTACH RECEIPTS:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_