

## Master Gardeners Foundation of Mason County Reimbursement Procedure

### Overview:

During the course of the organization's business, it is necessary for members to make purchases on behalf of the organization. This procedure outlines the steps involved to receive reimbursement.

### Procedure

#### 1. Requester:

- a. Obtain a Request for Reimbursement (RFR) form from the Treasurer or <http://extension.wsu.edu/mason/master-gardener/master-gardener/>
- b. Complete the RFR including which committee's budget is to be charged
- c. Attach the receipt(s) to the RFR
- d. Obtain the Committee Budget Chair signature either in person, by US Postal Service or by forwarding a scanned copy of the RFR and all receipts via email requesting their approval by return email, a copy of which can then be attached to the RFR
- e. Submit approved form, with receipt(s) attached via US Postal Service to WSU Extension Office, 303 North 4th Street, Shelton, WA 98584, Attention: MG Treasurer
- f. **RFR must be presented to the Treasurer within sixty (60) days of incurring expenses to be considered for reimbursement**
- g. **NOTE:** Requirements for 14¢-per-mile mileage reimbursement include 50-mile travel minimum & Board or Committee Budget Chair pre-approval

#### 2. Committee Budget Chair:

**Business:** Rena LB.; **Catalyst:** Diana S.; **Greenhouse:** Jack S.; **Plant Sale:** Diana S.;  
**Publicity:** Karen G.; **TTGG:** Mary D.; **Clinic:** Kitty LN.

- a. Committee Budget Chair is responsible for confirming requested reimbursement is completed correctly, receipts are attached, receipts are within 60 days of purchase and stated reimbursement amount(s) are within committee's budget
  - i. If request is within stated budget, sign RFR or forward email approval to requester for submitting to Treasurer
  - ii. If request is not within the perimeters of the stated budget, Committee Budget Chair may approve requests that will not overrun the budget by \$50 or more and return the RFR to the requester for presenting to Treasurer
    - (1) This requires the Committee Budget Chair to include a statement on the RFR indicating from which item in the Committee's current budget the additional funds will be reassigned to cover the expense
  - iii. If request is \$50 or more above the perimeters of the stated budget, Committee Budget Chair may bring the RFR before the Board of Directors or Foundation membership, whichever meeting comes first, for approval or denial of reimbursement

#### 3. Treasurer:

- a. Review reimbursement request to confirm that receipt(s), authorizing signature and budget item to be charged have been provided
  - i. If request is not complete, return to requester or Committee Budget Chair for completion
  - ii. If approved, complete reimbursement

**Master Gardeners Foundation of Mason County (MGFMC)  
2022 Request for Reimbursement (RFR)**

**Requester to Complete**

Payable to: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

*Please list expenses individually in space below, with explanation of each.  
Receipts to support all expenses must be attached & dated within 60 days of purchase.*

<u>Receipt Date</u>	<u>Expense/Reason</u>	<u>Expense Amt.</u>
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
<b>Total Reimbursement</b>		<b>\$ _____</b>

Submitted By: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTE: It is the responsibility of the person requesting reimbursement to secure the appropriate Committee Budget Chair approval listed below.**

**Committee Budget Chair to Complete**

**Business:** Rena BL.; **Catalyst:** Diana S.; **Greenhouse:** Jack S.;  
**Plant Sale:** Diana S.; **Publicity:** Karen G.; **TTGG:** Mary D.; **Clinic:** Kitty LN.  
(No Garden Shoppe or Garden Tour during 2022)

Budget Category Item to be Charged: \_\_\_\_\_

Committee Budget Chair Approval: \_\_\_\_\_

Signature

Date

As Committee Budget Chair, I understand the budget category item indicated above has insufficient funds to cover this under \$50 charge & request necessary funds be reassigned from \_\_\_\_\_ to cover the expense.  
See reverse side of this form for clarification (2. Committee Budget Chair)

**MGFMC Treasurer to Complete**

Budget Line(s) Posting: \_\_\_\_\_

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Check #: \_\_\_\_\_ Date Issued \_\_\_\_\_ Check Amt. \$ \_\_\_\_\_