

MASTER GARDENER TRANSACTION SLIP			
Date of Expense:		Amount:	
Vendor or MG Payee:			
Address:			
Committee:			
Approved by:			
Items Purchased:		Receipt attached:	Yes <input type="checkbox"/> No <input type="checkbox"/>
		Explain:	
Person being Reimbursed:			
Reimbursed by:			
Date Reimbursed:		Check Number:	

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		Explain:	
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