

Cowlitz County Master Gardener Foundation

# Voucher / Reimbursement Request Form

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

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

(Print name of vendor or individual)

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

\_\_\_\_\_

\_\_\_\_\_

Payment:  pick up at office or  Business Meeting or  Mail

Committee/ Budget Category: \_\_\_\_\_ Authorized by: \_\_\_\_\_

(See other side for categories)

Signature: Program or activity director

**NOTE: All expenditures must be itemized. Bills and/or receipts must be attached.**

**(MILEAGE:** If you are submitting reimbursement for mileage with gas receipts, please provide your beginning and end-of-trip odometer readings. Mileage will be paid at the County per mile rate unless other arrangements have been made and approved)

<b>Total Expenditures</b>	

**Your Signature** \_\_\_\_\_

**Payment authorized by:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Submit to:** Master Gardener Treasurer  
WSU Extension  
1946 3rd Avenue  
Longview, WA 98632

**Or bring to:** Business/Foundation Meeting

**ATTACH BILLS/RECEIPTS**

For MGF Treasurer Use Only			
Date Paid	Check #	Amount	Payment made by