

Union County Master Gardener Association - Reimbursement Form

Amount	Project Name
\$ _____	Administrative
\$ _____	August Plant Sale
\$ _____	Cash Advance
\$ _____	Community Events/Services
\$ _____	Contributions/Gifts
\$ _____	Cultivating Community Gardens (Dutch Mill, Mental Health Recovery)
\$ _____	Farmer's Market
\$ _____	Gloves
\$ _____	Historian/MGV Library
\$ _____	Marketing
\$ _____	MGV Monthly Meeting Educational Program
\$ _____	MGV presented Public Presentations
\$ _____	Photo Contest
\$ _____	Pollinator Garden
\$ _____	Project GROW Garden (COYC)
\$ _____	Recognition Banquet
\$ _____	Scholarship
\$ _____	Shirt Order
\$ _____	State Fee
\$ _____	Tour of Gardens
\$ _____	Training Class
\$ _____	Other

Explanation of _____
 Item(s) _____

Purchased/Attach _____
 Receipts _____

\$ _____ Total Submitted for Reimbursement

Submitted by/Date: _____

Approved by _____
 Name/Date: _____
 (President -OR- Vice President)

Payment information

To: _____

Address: _____

City: _____

State/Zip: _____

Home/Cell: _____

FOR OFFICE USE ONLY

CHECK DATE/NUMBER: _____ # _____

Mail signed form to: Union County Master Gardener Association, P.O. Box 181, Marysville, OH 43040