

**Okaloosa County Master Gardeners
Form for Reimbursement**

Committee/Officer: (check one)

Outreach _____ Education _____ Ways & Means _____ Nursery _____ MG Activities _____
Info/Publicity _____ State Awards _____ Administration _____ President _____
Vice President _____ Secretary _____ Treasurer _____ Other _____

Description of how the money was used:

List Expense (Attach receipt):

Amount to be Reimbursed:

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Total:

Date Received: _____

Name of Payee (Please Print): _____

Authorization by Standing Chair: _____
(signature required)

Starting Budget for the year: _____

Minus expenses to date: _____

**Remainder in annual budget
for this committee:** _____