

**MASTER GARDENER FOUNDATION OF PIERCE COUNTY
REQUEST FOR REIMBURSEMENT**

Payable to: _____ **Phone:** _____

Mail to Address: _____

Email Address: _____

Program: _____

Please attach an electronic copy of your receipt and/or invoice for each item.

Date	Supplier	Line Item	Description	Amount
			TOTAL	

Approved By: _____ **Email:** _____ **Phone:** _____

Approved By: _____ **Email:** _____ **Phone:** _____

Date Approved: _____

1. Review purchase with program or committee lead prior to purchase.
2. A description of each item must be included.
3. A copy of all purchase receipts must be submitted with this form. No personal items can be included on the receipt.
4. The form and receipts and/or invoices must be submitted electronically. Scanned documents or pictures taken by phone are acceptable.
5. Forward completed form and receipts to program or committee lead for approval.
6. Lead emails approved form and receipts to:
treasurer@piercecouny.mastergardenerfoundation.org
7. This form covers only money requested in the current year.
8. Any request for payments not approved for the current year requires a new funding request to be presented to the Foundation Board for approval before reimbursement.
9. Direct questions to Phyllis Tellari, Treasurer 253-927-5749

Revised March 5, 2024