



Hendricks County Master Gardener Reimbursement Form

Your Name: _____

Project or Committee Name: _____

Item(s) to be Reimbursed: _____

Amount You Paid: \$ _____

Sales Tax Approved? Y/N? _____ Sales Tax to be Reimbursed \$ _____

Total Amount of Reimbursement: \$ _____

Justification: _____

(Please have your committee Chair approve your expenses and/or sales tax, then attach receipts and forward to Treasurer)

Committee Approval (Sign): _____ Sales Tax OK (Initial) _____

For Treasurer to Complete

Date treasurer received: _____/_____/_____

Date treasurer paid: _____/_____/_____

Check #: _____

Amount paid: \$ _____