

# Essex County Master Gardeners Request For Payment

Please check:

\_\_\_\_\_ Bill Attached  
\_\_\_\_\_ Reimbursement – Receipts Attached  
\_\_\_\_\_ Other

Pay to: \_\_\_\_\_

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

<u>Description of Purchase/Service</u>	<u>Amount</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
	<u>Total:</u> _____

Committee/Activity Name: \_\_\_\_\_

Submitted by: \_\_\_\_\_ Date: \_\_\_\_\_  
Phone: \_\_\_\_\_

\* Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

\* Budgeted expenses should be approved by the committee chair. Chairpersons require Board approval to exceed their budget.

Treasurer use only  
Received: \_\_\_\_\_  
Approved: \_\_\_\_\_  
Paid: \_\_\_\_\_  
Check # \_\_\_\_\_