



## Master Gardener Foundation of Thurston County Reimbursement Request

**Instructions:** Attach all receipts by staple or in an envelope attached to request form. If scanning request form and receipts to treasurer, attach them to one e-mail and keep originals until paid. **DO NOT** combine purchases made for personal use with those for this request. Ask vendor for a separate receipt. At checkout, **DO NOT** round up your total purchase if asked to donate to a cause. All receipts should indicate paid as any direct payment to a requester is for reimbursement only. **NO** blanket, undocumented requests will be accepted. Receipts must be submitted for reimbursement only in year they were incurred, except that receipts dated in December may be submitted no later than January 31<sup>st</sup> of the following year.

(1) Program, Event or Program Site: \_\_\_\_\_ Date of Request: \_\_\_\_\_

(2) Describe project or Funding Request (attach all paid receipts or vendor supplied estimate)

(3) Amount Requested: \_\_\_\_\_

(4) Requester's signature: \_\_\_\_\_

(5) Requester's Printed Name: \_\_\_\_\_

(6) Payment to be made to: \_\_\_\_\_

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

\_\_\_\_\_

(7) Signature Approval from Foundation Project Chair, Lead or Program Manager:

\_\_\_\_\_ Date Approved: \_\_\_\_\_

(8) Expense Category Line: \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

TREASURER'S USE ONLY

RR # MG

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Amount Paid: \_\_\_\_\_

Date Paid: \_\_\_\_\_

Check Number: \_\_\_\_\_

Notes:

## **Instructions**

1. Enter name of program, event or program site for this request, i.e., plant sale, Dirt Works, etc. Enter the date of this request for reimbursement.
2. Enter a description of the funding request. Attach all receipts either by staple or in an envelope to assure receipts do not get lost during handing. **Do not** combine purchases made for personal use with those for this receipt. Ask the vendor for a separate receipt. At check-out **DO NOT** round up your total purchase if asked to donate to a cause. All receipts should indicate paid as any direct payment to a requester is for reimbursement only. No blanket, undocumented requests will be accepted. Receipts must be submitted for reimbursement only in year they were incurred, except that receipts dated in December may be submitted no later than January 31<sup>st</sup> of the following year.

If a prepayment is to be made to a vendor, the vendor prepared estimate must be attached showing an itemized list, prices, taxes and the length of time the estimate is valid.

If payment is to a vendor, completed vendor invoice must be attached showing an itemized list of goods or services, prices.

3. Enter the amount requested in this request. This should exactly match the attached receipts or vendor prepared estimate or invoice.
4. Enter the signature or the individual requesting reimbursement.
5. Enter the printed name of the requester.
6. Enter the name of the person the reimbursement is to be send with the address. If there is more than one person to be paid on this request, please enter the names and addresses of each person and the amount of the check for each person.
7. Give the completed form with the receipts to the approving project lead or committee chair. The approving person will review the receipts for correctness and appropriateness. If approved, this individual will sign and date as approved. If the requester and the approved are the same person, a Foundation Board Officer is the approver. Any reimbursements for the demonstration gardens and the Extension office will be approved by the Program Manager. The approval process can also take place by scanning and emailing documents to the appropriate individual for approval.
8. The approving person will enter the specific expense category line this expenditure is to be applied. If more than one, enter all that apply with appropriate amounts. The total must match the amount requested in item (3) above.

The approving person will give this form and receipts to the Foundation Treasurer in person, or mail them to PO Box 165, Olympia, WA 98507, or scanned them to the treasurer as an attachment to one e-mail. If scanning items, keep the originals until payment is received. The Treasurer will reimburse according to the instructions shown on this form. Any discrepancies found will be discussed with the approver.