



# MASTER GARDENER FOUNDATION OF THURSTON COUNTY

## PROFESSIONAL DEVELOPMENT ACTIVITY

### Reimbursement Request Form

**DIRECTIONS FOR PROFESSIONAL DEVELOPMENT TRAVEL EXPENSE REIMBURSEMENT:**

1. After participating in the Professional Development Activity, **staff/Board member** is to fill out this form for reimbursement.
2. **Attach receipts for reimbursement. No item will be reimbursed without receipts, except mileage.**
  - a. Receipts must be itemized
  - b. Receipts must include the vendor's name, date, total, and payment method used
  - c. No food or meals will be reimbursed
3. Send this completed form and all receipts to MGFTC Board President for approval. President will forward to Treasurer for reimbursement processing.

**Note:** If expenses are all, or in part, paid by a MGFTC Program credit card, this form still must be completed, approved and submitted to the Board President for approval and reimbursement.

**Printed Name:** \_\_\_\_\_ **Position:** \_\_\_\_\_

**Name & Location of Conference:** \_\_\_\_\_

**Conference Date(s):** \_\_\_\_\_

Expenses Incurred	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Total paid with MGFTC credit card	Total to be Reimbursed to Staff/Volunteer
<b>DATES</b>									
Registration									
Airline Expense									
Room Cost/Night									
Number of Miles									
Miles above at rate of \$0.655 for 2023									
Taxi/Tolls/Parking/Gas for rental car									
<b>Amount Paid with MGFTC Credit Card:</b>									XXXXXX
<b>Amount Due Staff/Volunteer:</b>								XXXXXXX	

**Employee/Board Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Board President Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

<b>TREASURER'S USE ONLY</b>	<b>RR # MG</b>
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**Amount Paid:** \_\_\_\_\_ **Expense Category Line:** \_\_\_\_\_ \$ \_\_\_\_\_

**Date Paid:** \_\_\_\_\_ **Expense Category Line:** \_\_\_\_\_ \$ \_\_\_\_\_

**Check Number:** \_\_\_\_\_ **Expense Category Line:** \_\_\_\_\_ \$ \_\_\_\_\_

MGFTC Treasurer email: [treasurer@mgftc.org](mailto:treasurer@mgftc.org)