

CHECK REQUEST

Extension Master Gardener Program
 Hennepin County
 479 Prairie Center Drive
 Eden Prairie, MN 55344
hcmg@umn.edu
 612-596-2130

Date: _____

Make Check To:
 (Please print clearly; Use address check should be mailed to.)

Name: _____

Address: _____

City: _____

State: _____

Zip: _____

Phone: _____

Description (who, what, where, when, why)	Total
Please provide the following in your description: what was purchased, when it was purchased, where it was purchased, for what volunteer activity was it needed and why it was needed. Attach all itemized receipts, taped one-per-page on separate pieces of paper. Tape receipt edges only as it can hide print.	
	Receipt 1
	Receipt 2
	Receipt 3
	Receipt 4
	Receipt 5
	Receipt 6
	Receipt 7
	Receipt 8
	Receipt 9
	Receipt 10
	Receipt 11
	Receipt 12
	Total Due

Signatures

Volunteer requesting reimbursement: _____

Print name here: _____

Terry Straub, Program Coordinator _____

Carol Garner, Secretary Treasurer _____

Kate Netwal, Leadership Team Chair _____

