

# CHECK REQUEST

Extension Master Gardener Program  
 Hennepin County  
 479 Prairie Center Drive  
 Eden Prairie, MN 55344  
[hcmg@umn.edu](mailto: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: \_\_\_\_\_

<i>Description (who, what, where, when, why)</i>	<i>Total</i>
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
	<b>Total Due</b>

**Signatures**

**Volunteer requesting reimbursement:** \_\_\_\_\_

**Print name here:** \_\_\_\_\_

**Terry Straub, Program Coordinator** \_\_\_\_\_

**Carol Garner, Secretary Treasurer** \_\_\_\_\_

**Kate Netwal, Leadership Team Chair** \_\_\_\_\_

