

# Funds Request / Reimbursement Form

Wichita Master Gardener Association  
600 Scott Street, Suite 200  
Wichita Falls, TX 76301

Name: \_\_\_\_\_

Project/Program: \_\_\_\_\_

Purpose: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Payable to: \_\_\_\_\_

Itemized Expenses:

Date	Description	Cost

Please attach invoice/receipts!

## Signatures:

Requestor: \_\_\_\_\_ Date: \_\_\_\_\_

WMGA President \_\_\_\_\_ Date: \_\_\_\_\_

WMGA Treasurer \_\_\_\_\_ Date: \_\_\_\_\_

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Instance of approval: \_\_\_\_\_

Date funds issued: \_\_\_\_\_