

**OZAUKEE MASTER GARDENERS
CHECK REQUEST / EXPENSE REIMBURSEMENT FORM**

PERSON / GROUP REQUESTING: _____ **DATE** _____

NAME _____ **PHONE** _____

ADDRESS _____ **DOLLAR AMOUNT** _____

ACCOUNT/ PROJECT TO BE CHARGED _____
(required)

**APPROVAL
SIGNATURE**

**(required - -must be signed by authorized
person)*

* Authorized OMG's include
Project Coordinators
President
Past President
President-Elect

Send to : Joy Schultz
OMG Treasurer
1165 Cty C
Grafton, WI 53024

Make Check Payable to: _____

Mail to: _____

Explanation of amount of reimbursement with receipt(s) attached (must be completed):

FOR TREASURER USE ONLY

Acct. # _____ **Check #** _____ **Date Paid** _____