

Marais des Cygnes Extension Master Gardener

Authorization for Payment

Date: _____

Amount: _____

Pay to the order of:

Name of Individual or Business: _____

Mailing Address: (Street) _____

(City) _____ (State) _____ (Zip) _____

For reimbursement to Master Gardener or check written to business, the expense must be within an approved budget and approved by the committee chair, or approved by the EMG Board. Please attach receipts or a copy of the receipt for the expenditure.

Purpose of the Expense: _____

Committee/Project for which expenditure was needed: _____

Requested by: _____

Committee chair approval: _____

Submit this completed form to the Master Gardener Treasurer or the Marais des Cygnes District, Paola Office Professional. The form will be placed in the "Treasure's Book" in the Ag/Natural Resource Extension Agent Office.

For Treasurer's Use Only

Date Paid: _____

Check Number: _____

Amount Paid: _____

Treasurer's Initial: _____