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.

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For Treasurer’s Use Only

Date Paid:_____________________

Check Number:________________

Amount Paid:__________________

Treasurer’s Initial:_____________