

**CHECK REQUEST/REIMBURSEMENT FORM
CHEROKEE COUNTY MASTER GARDENER ASSOCIATION**

Date _____ Committee/Budget Item: _____

Name [*Person Requesting Reimbursement*] _____

Address: _____

Total Amount Requested: \$ _____

In-Kind Dollar Value: \$ _____

Explanation of Expense Incurred:

Reimbursed Items: _____

In-Kind Items: _____

Please attach receipt and forward request to:

Diane Walton email: waltond@bellsouth.net
326 Lauren Lane
Woodstock GA 30188
770-517-5695 mgr2017.doc

Check No. _____ Date _____

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