



PULASKI COUNTY MASTER GARDENERS REQUEST FOR REIMBURSEMENT OF FUNDS

SEND REIMBURSEMENT TO: NAME _____
ADDRESS _____

PURPOSE OF FUNDS (LIST EACH RECEIPT)

_____	\$ _____
_____	\$ _____
_____	\$ _____
TOTAL REFUND	
	\$ _____

PROJECT / COMMITTEE / USE OF FUNDS _____

CHAIR SIGNATURE: _____

SIGNATURE of Requesting Party: _____

DATE _____

Submit to: Arlene Sevilla-White, PCMG Assist Treasurer, 810 Dreher Cut Off, Little Rock, AR 72206
OR

Pulaski County Extension Office, 2901 W. Roosevelt Road Little Rock, AR 72204

REQUIREMENTS:

- Reimbursement form filled out and signed by the person requesting a check.
- Original receipts ATTACHED.
- Separate register receipt for items purchased (i.e., not on the same receipt with your personal purchases. Cashiers generally do not mind ringing up items separately.)
- Do not put tape on the register receipts. It causes the numbers to 'disappear.'
- Any reimbursement paid after the end of the current year will come out of the allowance budgeted for the next year.