PROJECT REIMBURSEMENT INSTRUCTIONS:

Project Reimbursement Form is on the following page.

HOW TO COMPLETE THE PROJECT-REIMBURSEMENT REQUEST FORM:

- 1) Complete form as indicated. Be sure to include the address of where you want your check mailed.
- 2) Attach receipts. **Your receipts must be "clean."** You cannot have personal expenses on your receipt, even if you are deducting them from your request.
- 3) Have your project chair sign off on the form.
- 4) Reimbursement requests are now processed through the State. Mail your form with receipts to:

Pulaski County Extension Office290 2901 W. Roosevelt Rd. Little Rock, AR 72204

REIMBURSABLE EXPENSES

NOTE: The project's sponsor is expected to pick up a large portion of the project's expenses. Project reimbursements from PCMG are NOT meant to replace the sponsor's financial responsibility. The sponsor should be the first "go to."

Project reimbursements are to be used for individuals that have spent their own money on project expenses that are not covered by the sponsor. Expenses that are reimbursable must be for things relating to the purpose of the project.

Examples for a bed-related type of project are:

• Plants, soil, and fertilizer

Examples of types of expenses that are NOT reimbursable are:

- Project socials,
- Office supplies, except for a project such as the River Market Clinic whose sole purpose is to answer gardening questions and educate the public; they create and provide educational flyers.
- Tools Master gardeners are to bring their own tools.

Each project is allowed a maximum of \$400 reimbursable expenses annually. Amounts exceeding \$400 annually MUST be approved by the Board PRIOR to spending the money.

Reimbursement Request

Requester/Pay	/ee:		_				
Requestor Contact Information: Date Submitted to County Office: Group/Club Name:							
				Instructions:			
				1	Volunteers must complete this form	and attached receipts.	
2	Receipt must be complete, valid and						
3	No "Order" documents will be reim	bursed.					
4	Allow a minimum of three business	days for reimbursement checks to be processed					
5	Completetion of document does not	t guarantee reimbursement. Documents are subject to	review.				
Receipt Date	Vendor on Receipt	What/reason for purchase	Amount				
		TOTAL REQUESTED REIMBURSEMENT	\$ -				
	(Extension Office Use Only)						
	(LACEIISION OJJICE OSE OMIJ)						
	Designated Worktag #		<u>-</u>				
	Accepted & Verified by:						
	Verify all receipts are attached and	recorded on this form.	-				