

**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](mailto:waltond@bellsouth.net)  
326 Lauren Lane  
Woodstock GA 30188  
770-517-5695**

*Check No.* \_\_\_\_\_ *Date* \_\_\_\_\_

mgcr2017.doc

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