

Check Request Form

Date: _____

Master Gardeners of Greene County

Requestor _____

Project/Committee: _____

Description of Expense

Amount

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

Total Expense \$ _____

Further explanation (if needed) _____

Attach bill of sale, receipts, or other evidence of expense

Make check payable to: _____

Mail to: Address _____

City, State, Zip _____

ALL REQUESTS MUST BE APPROVED!! OBTAIN SIGNATURE OR ATTACH EMAIL APPROVAL

Approved by _____ Date _____

Committee Chairperson or Project Manager

OR:

Approved by _____ Date _____

Officer or Board Member (if applicable)

Treasurer's Use Only

☐ Check here if Debit Card was used

Acct # _____ Check # _____ Date _____ Amt \$ _____