

Appendix J

DOUGLAS COUNTY EXTENSION MASTER GARDENERS ASSOCIATION

Payment Authorization Form

To obtain reimbursement, or pay a vendor directly, this form MUST be completed, signed by the Committee Coordinator and submitted to the Association Treasurer by the Committee Coordinator.

Date Requested: _____

Budget Number & Category: _____

(Choose from dropdown list above)

Payee
(printed): _____

Mailing Address (printed): _____

<u>Description of Item(s) Purchased (original bills must be attached)</u>	<u>Amount</u>	EMG Treasurer <input type="checkbox"/>
_____	_____	Budget <input type="checkbox"/>
_____	_____	Signed
_____	_____	or Board
_____	_____	approval

Reimbursement Total: \$ _____

Authorization: _____ Date: _____
Committee Coordinator (signature)- must be different than payee

Coordinator Printed Name: _____

Budget Categories

- | | | |
|----------------------------------|-----------------------------|-------------------------------------|
| 1. Administration | 9. Garden Tour | 17. Public Relations & Publications |
| 2. Advanced Education Programs | 10. Garden Tour Selection | 18. Resource Librarian/Historian |
| 3. Demo Garden: Eudora | 11. Horticulture Hotline | 19. Scholarships |
| 4. Demo Garden: Fairground | 12. Member Plant Sale - EMG | 20. Hospitality Committee |
| 5. Demo Garden: Monarch Watch | 13. Native Plant Sale | 21. Spring Garden Show |
| 6. Demo Garden: Native Medicinal | 14. New Class Mentoring | 22. Spring Garden Show: Garden Art |
| 7. Demo Garden: Tom Swan Park | 15. Produce Distributions | 23. T-shirts |
| 8. Farmers Market | 16. Public Education | 24. Jr. Master Gardeners |
| | | 25. Hoop House |

Office Use: Date Paid: _____ Check No: _____ Total Check Amount: _____

Reimbursement amounts included in this check: _____