The Power of Gardening
GROW

GROW - REIMBURSEMENT FORM

Today's Date:		Date Rec'd	

GARDEN & PROJECT NAME:	

Name/Payee:	
Street Address:	
Street Address Line 2:	
City:	
State:	
Zip Code:	

Mailing Address (if different than Payee's address)	
Mail To:	
Street Address	
Street Address	
City	
State	
Zip Code	

Reason for Expense (please indicate below if this is for a grant project or simply routine garden maintenance:	
Are these expenses from Garden Funds on deposit? Yes or No	
Are these expenses to be paid from Grant Funds? Yes or No?	
Name of Grant, if known?	
Memo Line:	

ITEMIZED EXPENSES

Please scan and email all receipts or invoices to be paid

DATE	ITEM DESCRIPTION or Vendor Name and Receipt #	$ AMOUNT
	TOTAL CHECK AMOUNT	

Requested by:	

Approved by:		Date Approved:	

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Revised 20224.04