Expense Reimbursement Request

The Garden Project of Southwest Colorado

Date: _____

Garden Name: _____

Reimbursement Payable to Name: _____

Address: _____

_____

Phone #: _____

Attach itemized receipts *and any other necessary documentation.*

Store	Item(s) Purchased	Amount
	Total Amount:	

Note*: All items must be purchased tax-free, using TGP's Tax Exempt Certificate. TGP will not reimburse tax.*

Reimbursement Payable To SIGNATURE _____

Garden Treasurer SIGNATURE _____