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: _____________________________ (ONLY ONE budget category per form)
(Choose from list below)

Payee (printed): __________________________________________________________

Mailing Address (printed): __________________________________________________

Description of Item(s) Purchased (original bills must be attached) Amount

__________________________________________________________

__________________________________________________________

__________________________________________________________

__________________________________________________________

Reimbursement Total: $________________

Authorization: Date: __________

Committee Coordinator (signature)- must be different than payee

Budget Categories


Office Use: Date Paid: __________ Check No: _______ Total Check Amount: __________

Reimbursement amounts included in this check: __________________________________________