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

Please print name after signature or above signature

Budget Categories


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

Reimbursement amounts included in this check: __________________________