



# LPMGA REIMBURSEMENT REQUEST FORM

(Form Revised 2012)

Lafayette Parish Master Gardeners Association  
1010 Lafayette Street, Suite 325  
Lafayette, Louisiana 70501-6884

## Expense Report\*

Date:

Project:

Reimbursed to \_\_\_\_\_

Approval Signature \_\_\_\_\_

Send payment to:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State & Zip: \_\_\_\_\_

Description of expenditure: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ **Total \$** \_\_\_\_\_

\*Expense reports must be submitted within 30 days of expenditure and be accompanied by original receipts. **Committee head signature is required for all reimbursements** (see policy in Lafayette Parish Master Gardeners Volunteer Handbook).

LPMGA check # \_\_\_\_\_ Date: \_\_\_\_\_