

**OZAUKEE MASTER GARDENERS  
CHECK REQUEST / EXPENSE REIMBURSEMENT FORM**

**PERSON / GROUP REQUESTING:** \_\_\_\_\_ **DATE** \_\_\_\_\_

**NAME** \_\_\_\_\_ **PHONE** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_ **DOLLAR AMOUNT** \_\_\_\_\_

ACCOUNT/ PROJECT TO BE CHARGED \_\_\_\_\_  
(required)

**APPROVAL  
SIGNATURE**

\_\_\_\_\_  
*\*(required - must be signed by authorized  
person*

- \* Authorized OMG's include
- Project Coordinators
- President
- Past President
- President-Elect

Send to:  
Jim Tonelli  
OMG Treasurer  
322 Woodside Lane  
Thiensville, WI 53092  
jtonelli@wi.rr.com

Make Check Payable to: \_\_\_\_\_

Mail to: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Explanation of amount of reimbursement with receipt(s) attached (must be completed):*

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

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**FOR TREASURER USE ONLY**

**Acct. #** \_\_\_\_\_ **Check #** \_\_\_\_\_ **Date Paid** \_\_\_\_\_