

# Boonslick Area Master Gardeners

## Request for Reimbursement

Please complete the below form and attach your sales receipt to the form. **Reimbursement requests should be submitted by the 20<sup>th</sup> of the month to:**

University of Missouri Extension -- Cooper County  
510 Jackson Road – Suite A  
Boonville, MO 65233

**Please use Extension tax exempt number.**

If you have any questions or need the tax exempt number please contact Darlene Kraus at 660-882-5661 or e-mail: krausd@missouri.edu.

**Date of Request:** \_\_\_\_\_

**Name:** \_\_\_\_\_  
(Please Print)

**Address:** \_\_\_\_\_  
Street City Zip

**Phone Number:** (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
Day Evening

**E-Mail:** \_\_\_\_\_

	Item(s) Purchased:	Item(s) Cost:
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____

**Expense is to be paid with: (Check One)**

\_\_\_\_\_ General Master Gardener Funds **OR** \_\_\_\_\_ Children's Learning Garden Funds

**Purpose of Purchase** (i.e. day, event activity): \_\_\_\_\_

**Total Reimbursement Requested:** \_\_\_\_\_ **Signature:** \_\_\_\_\_