

ORANGE COUNTY MASTER GARDENERS

CHECK REQUEST

DATE: \_\_\_\_\_

MAKE CHECK PAYABLE TO:

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

AMOUNT: \$ \_\_\_\_\_

DESCRIPTION OF EXPENSE: \_\_\_\_\_

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

\*\*\*Attach receipts\*\*\*

TWO BOARD MEMBER SIGNATURES REQUIRED  
(Treasurer and Payee Excluded)

\_\_\_\_\_  
NAME, TITLE AND DATE

\_\_\_\_\_  
NAME, TITLE AND DATE