# PURCHASE/PAYMENT REQUEST

If this is a request for reimbursement, attach receipt(s) here. Please allow three business days for reimbursement checks to be processed.

**Date of Request** \_\_\_\_-\_\_\_\_\_\_\_

**Club/Group Name:**  County 76

**Program (4-H/MG):**  Master Gardener

**Preferred Vendor:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(Estimated) Amount:** \_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

**Purpose of purchase:**

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**Signature of Requestor:**

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

**Contact Information:**

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

**Approval/Signature of MG Treasurer or 4-H Leader:**

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

**Availability of funds verified? \_\_\_\_\_\_\_\_\_Yes\_\_\_\_\_\_\_\_\_No**

**Method of Purchase/Payment? (P-Card, Requisition,**

 **Reimbursement)**

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

**CES Approval:**

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

**Designated Cost Center:** CC013056

**Designated Worktag #:**  DS03629

**Spend Category:**

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