Please fill out as follows:

1 Treasurer to fill out

2 Total of all reimbursable expenses

3 Receipt Attached or Not Attached.

No receipt? Explain why on the back

4 Today's date

5 Whom to make the check out to

6 What the payment is for: i.e. Postage & Copying

7 Example: Spring Garden Fair Vendor Sales

8 Who is requesting reimbursement (probably you)

9 Committee chairperson or board member signature

10 Use the back of form if needed for more info

updated 10-6-2026

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Treasurer's Voucher

Clackamas County Master Gardener™ Association

1 Check Number_____

1 Date Issued _____

3 Receipt Attached _____

Not Attached _____

if no receipt comment on back

2 Request for check in the amount of $ _____

4 Date _____

5 Payable to _____

6 In Payment of _____

7 Committee's Budget this comes out of _____

8 Requested by _____ **9** Approved by _____

**Requester and approver may not be the same person*

.....

Treasurer's Voucher

Clackamas County Master Gardener™ Association

1 Check Number _____

1 Date Issued _____

3 Receipt Attached _____

Not Attached _____

if no receipt comment on back

2 Request for check in the amount of $ _____

4 Date _____

5 Payable to _____

6 In Payment of _____

7 Committee's Budget this comes out of _____

8 Requested by _____ **9** Approved by _____

**Requester and approver may not be the same person*