



**KALAMAZOO GARDEN COUNCIL**  
**Reimbursement Expense Request and**  
**Check Request for Vendor Expense**

**For Treasurer's Use**

Date rec'd: \_\_\_\_\_

Date disbursed: \_\_\_\_\_

Check #: \_\_\_\_\_

Form revised 6/23

Your Name: \_\_\_\_\_

Purpose of Expense: ☐ Reimbursement for Expense(s) I Incurred ☐ Vendor Check Needed

Project: \_\_\_\_\_ Date of Project: \_\_\_\_\_

Your Email: \_\_\_\_\_ Your Phone: \_\_\_\_\_

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**REIMBURSEMENT EXPENSE REQUEST:**

Vendor's Name : \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Vendor's Name : \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Vendor's Name : \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Your Signature: \_\_\_\_\_ **TOTAL REIMBURSEMENT: \$ \_\_\_\_\_**

**Your Complete Address:** \_\_\_\_\_

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**CHECK REQUEST FOR VENDOR:**

Name of Vendor on Check: \_\_\_\_\_

Amount of Check: \$ \_\_\_\_\_ Date Check Needed By: \_\_\_\_\_

Do you want check mailed directly to vendor? If so, please attach a copy of vendor invoice.

Supply vendor mailing address: \_\_\_\_\_

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Otherwise, please call the Treasurer to make arrangements to pick up the check.

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For reimbursement, please send this completed form with receipts attached for each expense to: **Treasurer, Kalamazoo Garden Council, 5333 N. Westnedge Ave. Kalamazoo, MI 49004. Also, please send a copy of this form to appropriate chair. Digital submission (available online) is encouraged.**

KGC is a nonprofit, exempt from sales tax, so we do not usually reimburse any sales tax expense. Please discuss with vendor prior to purchase. Should you need a copy of our nonprofit sales tax license or tax-exempt number to give to the vendor, contact the Treasurer.

All expenses should be within project or committee budget. Please make sure your Chair can provide us with an email approval for the expense(s) listed above should it be necessary. Questions? Please contact Treasurer, Linda Derfyny (ldbsns@gmail.com) 269-993-0035