Version 2024-01



Kalamazoo Garden Council, Inc. Reimbursement Expense Request

Project:	Date of Project:		
Your Name:			
Email:			
Phone:	Signature:		
Street Address:			
City:	State:	Zip+4:	
F9=A6IFG9A9BH9L	D9BG9'F9EI9GH.'		
Vendor's Name :		Amount: \$	
Vendor's Name :		Amount: \$	
Vendor's Name :		Amount: \$	Á
Vendor's Name :		Amount: \$	
Vendor's Name :		Amount: \$	
	TOTAL	REIMBURSEMENT: \$	
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 is encouraged (available online at KalamazooGardenCouncil.org under Member Area then Forms). KGC is a nonprofit, exempt from sales tax, so we do not usually reimburse any sales tax			
nonprofit sales tax licens All expenses should be provide us with an email	se or tax-exempt number to given within project or committee but approval for the expense(s) li	e. Should you need a copy of our ve to the vendor, contact the Treasur dget. Please make sure your Chair casted above should it be necessary. Derfiny at ldbsns@gmail.com or	
For Treasurer's Use One Date Received: Comments:		Check Number:	