

NORTHWEST LOUISIANA MASTER GARDENERS ASSOCIATION, INC.

EXPENSE SHEET

DATE \_\_\_\_\_

NAME \_\_\_\_\_

*Person to be reimbursed*

PROJECT \_\_\_\_\_

COST

Programs/Tickets	_____
Hospitality	_____
Postage	_____
Paper/Supplies	_____
Tablecloths	_____
Flowers	_____
Copies	_____
Rental	_____
Printing	_____
Vendors-Plants	_____
_____	_____
_____	_____
*Totals	_____

\*Please attach receipts.