



SouthEast Wisconsin Master Gardeners

Funds Request

<input type="checkbox"/>	Pay to Vendor
--------------------------	---------------

<input type="checkbox"/>	Reimbursement
--------------------------	---------------

Pay to: _____

Address: _____

City _____ State _____ Zip _____

Telephone or e-mail _____

Expense _____ Amt _____

Expense _____ Amt _____

Expense _____ Amt _____

Expense _____ Amt _____

Submitted By: _____ Total _____

For Garden or Project: _____

Chairperson Approval: _____

Please include receipts as necessary.

PLEASE SUBMIT TO:
SEWMG, Inc.
Joy Towell
1230 N. 121st Street
Wauwatosa, WI 53226-3110

Treasurer Use Only
Check Amount \$ _____
Check # _____
Date of Check _____