

Check # _____

OREGON MASTER GARDENERTM ASSOCIATION

EXPENSE REPORT

NAME _____ PURPOSE: _____

COUNTY/CHAPTER _____

DATE _____

DATE	ACCOUNT CATEGORY	AMOUNT	DESCRIPTION	TOTAL
	Mgt. & General			
	Transportation/Mileage			
	Meals/Lodging			
	Mini College			
	Newsletter			
	Other			
	Other			
TOTALS				

NOTE: Please attach receipts

Request Signature	Date
Approved By	Date

Return Form To: Katherine Johnson, OMGA Treasurer, 4832 N. Girard St., Portland Oregon 97203