Check #		
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## OREGON MASTER GARDENER $^{TM}$ ASSOCIATION EXPENSE REPORT

NAME				Address:				
DATE COUNTY/	CHAPTER	Purpose:						
00011117	01.7 ti 1.2 ti			. a.pece.				
DATE	ACCO	UNT CATEGORY or NUMBER	AMOUNT	DESCRIPTION			TOTAL	
XXXXXX	NUMBER	CATEGORY / NAME	xxxxxxx	XXXXXXXXXXXXXXXX		XXXX	XXXXXXXXX	
			<u> </u>					
			†					
			1					
	Trans	portation/Mileage	1	Miles Driven	Flight	Other		
	Number	Category / Name		Willes Driver	riigiit	Other		
			1					
	N	  eals/Lodging	1	Meals	Lodging	Entertaining		
	Number	Category / Name						
			1					
	TOTALS		1					
		NOTE: P	lease atta	ch receipts	S			
Request Sig	gnature				Date	)		
Approved By				Date				
Return Form To: JANET MAGEDANZ 29740 SE Shady Oak Drive, (			ive, Corvallis,	OR 97333	QUESTION	NS: 541-752	-4034	