



# Washington County Master Gardener™ Association Reimbursement Request Form

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**Date:**

**Amount:**

Check request  WCMGA Charge

**Check Payable to:**

**Address:**

	<b>Fundraising</b>				
50100	Plants	<input type="text"/>	62100	Speakers	<input type="text"/>
50200	Books	<input type="text"/>	62200	Tri-Co. Study Group	<input type="text"/>
50300	Tools	<input type="text"/>	62300	New Outreach Init.	<input type="text"/>
50400	Gifts 4 Gardeners	<input type="text"/>	62400	Grow 1 Give 1	<input type="text"/>
50500	Publicity	<input type="text"/>	64000	OSU Support	<input type="text"/>
50600	Printing	<input type="text"/>		<b>Membership</b>	
50700	General Expenses	<input type="text"/>	65100	Awards & Recog.	<input type="text"/>
50900	Plant Propagation	<input type="text"/>	65400	Hospitality	<input type="text"/>
			65500	OMGA Dues/Donat.	<input type="text"/>
	<b>WCMGA Gardens</b>				
63110	EG General Fund	<input type="text"/>		<b>Publicity</b>	
63210	LG General Fund	<input type="text"/>	66100	Website	<input type="text"/>
	<b>Restricted</b>		66300	Publicity	<input type="text"/>
63122	Indiv. Donations	<input type="text"/>			
63127	WMF Donations	<input type="text"/>		<b>Gen &amp; Admin</b>	
63133	ACS Grant	<input type="text"/>	69100	Insurance	<input type="text"/>
			69200	Tech. & Hardware	<input type="text"/>
			69300	Supplies	<input type="text"/>
			69400	General Admin.	<input type="text"/>

**Description of Purchase:**

**Approved by:**

**Check Date:**

**Check #**

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**Treasurer**

Send form to:

**Connie Kirby, WCMGA Treasurer**

4255 SW Crestwood Dr

Portland, OR 97225

[wcmgatreasureroregon@gmail.com](mailto:wcmgatreasureroregon@gmail.com)

2/11/2025