



HART COUNTY  
BOTANICAL GARDEN

# Reimbursement Request Form

Mail to HCBG, P O Box 44, Hartwell, Ga 30643

<u>Amount</u>	<u>Purchased From</u>	<u>Expenditure Category</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

\_\_\_\_\_ Total Amount Requested

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

**Please attach receipts.** Allow two weeks for reimbursement check to be sent.

Reimbursement approved and Check # \_\_\_\_\_ mailed on \_\_\_\_\_