



AGS EXPENSE REIMBURSEMENT REQUEST

Use this form to request reimbursement of expenses incurred in connection with official American Gourd Society business.

I hereby certify that expenses listed below were incurred by me on official business of the American Gourd Society and include only expenses as were necessary in the conduct of business. I request reimbursement by the AGS Treasurer and understand the reimbursement may require AGS Board approval and be within the allowance of the AGS budget and available funds. I understand the reimbursement request must be submitted to the AGS Treasurer within 60 days of incurring the expense and only original receipts/invoices are accepted.

Mail to: AGS Treasurer, Philip Moorhead, 715 E 48th Street, Marion, IN 46953-5421
 or [eMail to moorheap@yahoo.com](mailto:moorheap@yahoo.com)

Who incurred the expense? (Payable To)		
Mailing Address		
Which AGS program is this expense related to?		
Your Signature:		Date:
Your Position/Role:		

What was purchased? (Details and Itemization):

Date	Description	Amount
TOTAL:		
(Reimbursement may be subject to budget allowance and AGS Board approval.)		

For AGS Purposes only

Paid by:	Total Paid:	Date Paid:	Signature:
Electronic or Check #			