

Lost Pines Master Naturalist Check Request

Name: _____ Date: _____

- Purpose: Request for Reimbursement (tape receipt to 8 1/2 x 11 sheet of paper)
- Request to Pay Invoice Directly (attach invoice)
- Request to Place an Order (example books, curricula, shirts, etc.)

Explanation:

For Reimbursement:

Make Check Payable to:

Name _____ Phone _____

Address _____ City _____ State _____ Zip _____

Email _____

Amount \$ _____

Signature: _____ Date: _____

Cost Center Approval: _____

Officer(s) (over \$75): _____

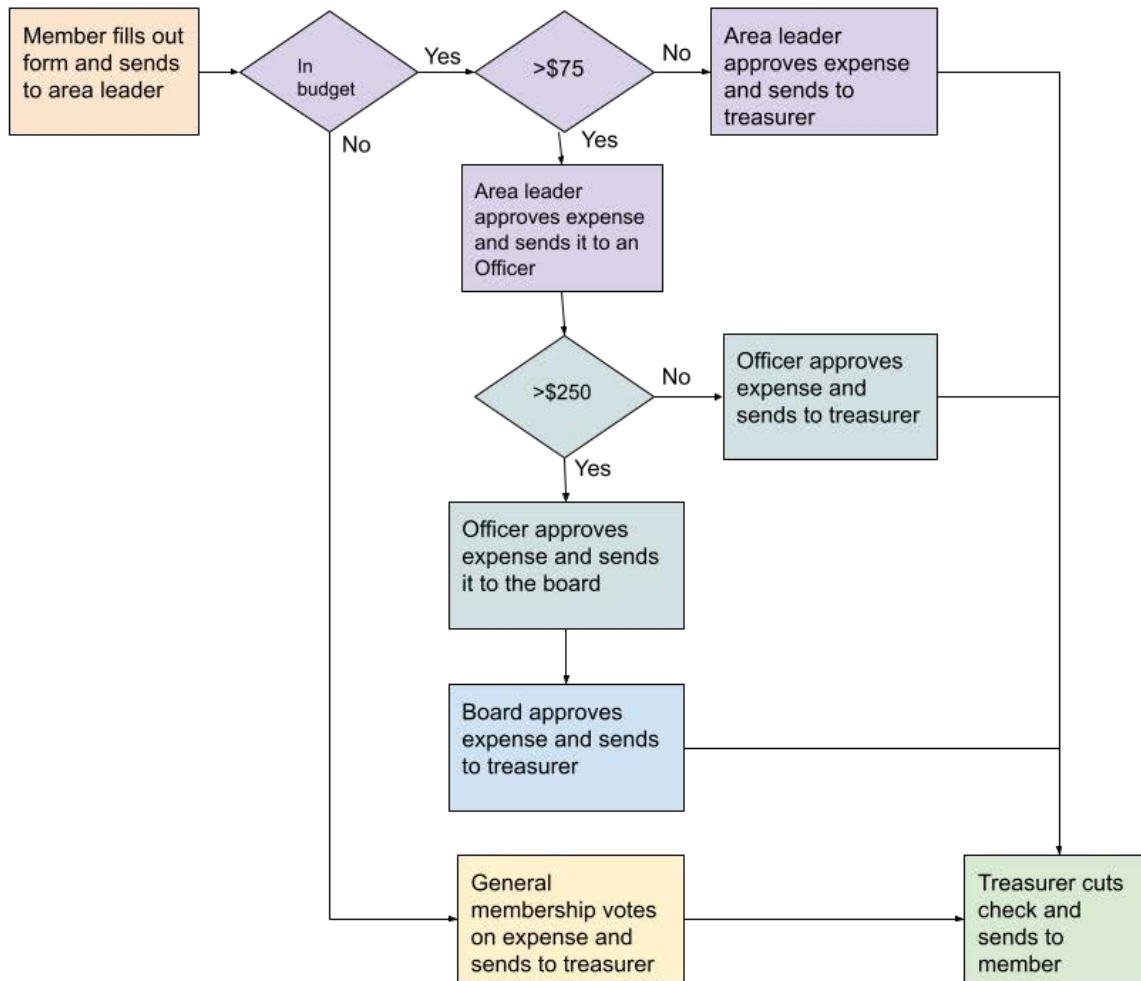
Board Approval (over \$250): _____

General Chapter Membership vote, give date: _____

Return completed form to: Treasurer, Lost Pines Master Naturalist

eac060221 Issued Check # _____ Date _____ by _____

Check Request Workflow



Check Request Approvers

Area	Approver	Email
Outreach	Carolyn Turman	outreach@lostpinesmasternaturalist.org
Information Technology	David McGriffy	webmaster@lostpinesmasternaturalist.org
Environmental Stewardship	Wesley Smith	environmentalstewardship@lostpinesmasternaturalist.org
Pollinator Partners	Bruce Siebert	blsiebert@outlook.co
Bridge Maniacs	Kristi Vogt	kristisharpvogt@yahoo.com
Food & Fun	Mary Wier	mgwier@earthlink.net
Membership	Carol Stevens	carol.s8585@hotmail.com
Training	Nancy Rabensburg	training@lostpinesmasternaturalist.org
Administrative	Mary Sue Miller	treasurer@lostpinesmasternaturalist.org