



**Sandoval County Master Gardeners
SCMG Budget Request Form
Fiscal Year: 20__ to 20__**

Project Name: _____

Project Chairs:

Description:		Amount \$	
	Total	\$	

Requested by: _____ **Date:** _____

Board Approved: _____ **Date:** _____

NOTE: All expenditures must be itemized if total amount exceeds \$150.