

**Rio Brazos Master Naturalist Chapter  
Request for Reimbursement or Bill to be Paid**

**Attach receipt or bill**

Amount requested \$

Payee:

Payee mailing address:

Describe item or service if not clearly indicated on the receipt or bill:

Purpose of expense:

Signature \_\_\_\_\_

Mail or Deliver to:  
Rio Brazos Treasurer  
Henry Bogusch  
3441 FM 2415  
Cleburne, TX 76031

Approval \_\_\_\_\_

Amount paid: \_\_\_\_\_ Check # \_\_\_\_\_ Date: \_\_\_\_\_