



ANR Staff Assembly GROWS 2021 Reimbursement Application

NAME: _____ PHONE: _____
EMAIL: _____ JOB TITLE: _____

DEPARTMENT/OFFICE: _____
HOME MAILING ADDRESS: _____

Please describe what you will be growing – must be food items:

Please include all receipts up to \$50.00

<u>Amount</u>	<u>Vendor</u>
_____	_____
_____	_____
_____	_____

Total: _____

Employee Signature: _____

Staff Assembly Approval: _____

Total Amount of Award: _____

This signed approved application serves as your award letter and must be submitted with your receipts for reimbursement.

Send receipts for all eligible paid expenses with this application. Applications received without all required documentation will be returned.

(Receipts dated between Jan. 15-May 15 will be accepted)

Applications are due May 15.

Please email questions, applications and receipts to:

Last Name A-G	>YggjMa Conde	jconde@ucanr.edu
Last Name H-M	Kathryn Stein	Kathryn.Stein@ucop.edu
Last Name N-S	Marvin Flores	marvinflores@ucanr.edu
Last Name T-Z	Sue Lake	slake@ucanr.edu

