

TheHomeGrownCollective, INC.

Reimbursement Request Form for Qualified Expenses

Name of Business/Individual:

Lead Contact Name & Position:

Number:

Email:

Describe the items & efforts related to the expenses/costs for which you are requesting reimbursement for:

Labor hours and hourly pay (payroll and/or contract labor, if applicable):

Description of labor:

- | | |
|---------------|---------|
| 1. Item link: | Amount: |
| Notes: | |
| 2. Item link: | Amount: |
| Notes: | |
| 3. Item link: | Amount: |
| Notes: | |
| 4. Item link: | Amount: |
| Notes: | |
| 5. Item link: | Amount: |
| Notes: | |

Total Amount Requested:

Reimbursement request Agreement:

By signing & submitting this request for reimbursement form, I/we, [INSERT BUSINESS OR INDIVIDUAL'S NAME], understand that the money received from TheHomeGrownCollective, Inc., a non-profit organization under IRC Section 501(c)(5), is required to go towards the costs described in detail on this form. If I/we have submitted a request for reimbursement of labor costs, I/we attest to file all applicable tax returns as required by the IRS, state, and any local laws, including but not limited to w-2s, 1099s, and other payroll and informational tax returns. I/we also understand that by not fulfilling this contract I/we will be pursued in a court of law, and requested to return funds in full to TheHomeGrownCollective, Inc., where they will be redistributed to an honorable candidate.

Print Name:

Signature:

Date: