



City of North Little Rock
Community Garden Program
RECEIPT REPORTING FORM



This form MUST be completed and submitted with your receipts.

A staff member will be in contact to confirm reported totals.

	Vendor Name	Items Purchased (brief description)	Amount
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			



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	Vendor Name	Items Purchased (brief description)	Amount
15			
16			
17			
18			
19			
20			
21			
22			
23			
24			
25			
		Total:	

Garden Name:

When were you awarded these funds? Spring/Fall, 202__

Garden Manager's Signature:

Date: