

Garden Club Reimbursement Form

All parts of this form must be filled out, including a description of what was purchased and for which team. Use the back if you need more room. Print clearly. Please make sure the store name, date and total amount due to you is clearly readable on each receipt. Attach receipt(s) and submit to Treasurer or Co-Presidents at the next monthly meeting for reimbursement.

Full Name: _____ Date: _____

Email Address: _____

Total amount to be reimbursed: \$ _____ # of receipts included: _____

Approved by: _____

Amounts to be reimbursed should be charged to the following team(s) and for the following products/services: (examples: plants, hoses, food items, decorations, etc.)

\$ _____ to the Planting Team for _____

\$ _____ to the Engineering Team for _____

\$ _____ to the Fundraising Team for _____

\$ _____ to the Communications Team for _____

\$ _____ to the Social Team for _____

\$ _____ to the Recruitment Team for _____

\$ _____ to the Community Outreach/Children's Programs for _____

\$ _____ Other for _____

I hereby affirm that all purchases were made for the Briar Chapel Garden Club and were approved by the club or one of its officers.

Signature _____ Date _____