



# NORRISTOWN GARDEN CLUB

## Request for Reimbursement of Approved Expenses

From: \_\_\_\_\_

Address: \_\_\_\_\_

Project: \_\_\_\_\_ Charge To: \_\_\_\_\_

**PLEASE SEND REIMBURSEMENT REQUEST TO: Gwen Bryant, 1130 Dairy Lane, Blue Bell, PA 19422**

ITEMIZED EXPENSES - Please attach receipts. (If more than 6 items, please attach numbered list)

<u>VENDOR</u>	<u>\$ AMOUNT</u>
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____

TOTAL: \$ \_\_\_\_\_

Approved by Committee Chairman-\_\_\_\_\_

For Treasurer 's Use Only: Date Paid \_\_\_\_\_ Check # \_\_\_\_\_ Rev 6/18

**ALL EXPENSES MUST BE SUBMITTED WITH 30 DAYS OF EXPENDITURE**