



NORRISTOWN GARDEN CLUB

Request for Reimbursement* of Approved Expenses

From: _____ Date: _____

Address: _____

Town: _____

Phone: _____

Charge to Project or Budget Account: _____

Please attach receipts.

Itemized Expenses:

_____	\$ _____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

TOTAL: \$ _____

Approved by Committee Chairman: _____

**Request for reimbursement must be submitted within 30 days of expenditure to:*

Rosemarie Hardy, 774 Moccasin Drive, Harleysville, PA 19438. 215-859-0335

For Treasurer's Use: Date Paid _____ Check # _____