



## NORRISTOWN GARDEN CLUB

**Check Request – Approved Expenses**  
**(To be used for budgeted expenses without a receipt or invoice**  
**Ex: Speaker's fee; Deposits)**

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

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

Town: \_\_\_\_\_

Phone \_\_\_\_\_

No. \_\_\_\_\_

Charge to Project or Budget Account: \_\_\_\_\_

***Check to be mailed to:***

Name: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

Amount of Check: \_\_\_\_\_ TOTAL: \$ \_\_\_\_\_

Approved by Committee Chairman: \_\_\_\_\_

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

*For Treasurer's Use:* Date Paid \_\_\_\_\_ Check # \_\_\_\_\_