

**Palomar District of California Garden Clubs, Inc.
Expense/Reimbursement Form**

Name: (Print Clearly):	Date:
Mailing Address:	
City:	State: Zip:
Phone:	Email:

NOTE: ALL EXPENSES MUST BE SUBMITTED WITHIN 45 DAYS OF PURCHASE DATE

Purchase Date:	Store/Vendor Name:	Item Purchased:	Price:	Budget Item Description:

Total Check Request: _____

X _____
Officer or Committee Chair
Authorized Approver:

X _____
Submitted By:

MAIL or EMAIL THIS FORM & RECEIPTS TO: Sharon Lowry
Palomar District Treasurer
314 I Ave. Coronado, CA 92118-1136
mimi.low08@gmail.com

Remember to make copies of all receipts for your records

Palomar District of California Garden Clubs, Inc.
Expense/Reimbursement Form

Received: _____

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