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:

Remember to make copies of all receipts **s**

For mailing info: Palomardistrict@cagardenclubs.org

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

Received:_____

Remember to make copies of all receipts for your records