

Check # _____
DATE _____

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DATE _____

The Federated Garden Clubs of CT, Inc Request for Reimbursement

Date: _____
From: _____
email: _____
phone: _____
Committee, Fund or Event (Budget Line): _____

Must attach receipts or other proof of expense.

Committee Chair or Officer should approve

Itemize:

Amount:

| | |
|-------|----------|
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |

TOTAL _____

Committee Chair/Officer Approval: _____

Please make check payable to:

NAME _____

ADDRESS _____

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| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |

TOTAL _____

Committee Chair/Officer Approval: _____

Please make check payable to:

NAME _____

ADDRESS _____
