

Reimbursement Form - Cape Fear Garden Club, Inc

All requests for reimbursement MUST be accompanied by this form.

Date: _____

Attach Receipts Here:

Your Name: _____

Address: _____

Committee: _____

Expense For: _____

Total Amount to be reimbursed: _____

Signature of Committee Chair or Co-Chair: _____

List of charges:

Vendor Name:	Amount:
Vendor Name:	Amount:
Vendor Name:	Amount:
Vendor Name:	Amount:
Vendor Name:	Amount:
Vendor Name:	Amount:
Total Amount	\$

Please attach original receipt/receipts to top right of sheet. If you have personal charges on the receipt please circle those that you need to be reimbursed for only. Please do not use a highlighter to mark charges as this will cause the ink on the receipt to fade away.

The committee chair or co-chair needs to sign off on all charges before reimbursement.

Submit to:

Penelope Allison
1323 Futch Creek Road
Wilmington, NC 28411

Thank you!

Date Paid _____

Check # _____