

## Reimbursement Form - *Azalea Garden Tour*© Committee

*Your Name:* \_\_\_\_\_

*Tape Receipts Here:*

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Date:* \_\_\_\_\_

\_\_\_\_\_

*Sub-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 tape 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 Betty Norris, Garden Tour Treasurer for reimbursement.

270 Shannon Drive  
Wilmington, NC 28409  
Bvnnorris55@gmail.com

***Thank you.***

*Date Paid* \_\_\_\_\_

*Check #* \_\_\_\_\_