

SUFFIELD GARDEN CLUB  
EXPENDITURE PAYMENT FORM

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**SUBMITTER – Fill out this section, keep a copy , & give 2 copies to chairperson**

Name of person or co. to receive check \_\_\_\_\_

Address \_\_\_\_\_

Date Submitted to Chairperson \_\_\_\_\_

List what was purchased and **attach receipt or invoice**  
If it is a job to be paid, please list job purpose.

Item or Task	\$
_____	_____
_____	_____
_____	_____

Total amount of check request \$ \_\_\_\_\_

Committee to be charged the debit \_\_\_\_\_

Name of Garden Club member submitting form \_\_\_\_\_

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**CHAIRPERSON – Fill out this section, keep a copy, & send 1 copy to the treasurer:**  
Suffield Garden Club Treasurer PO Box 164 Suffield CT 06078

Chairperson's Approval \_\_\_\_\_

Date Submitted to Treasurer \_\_\_\_\_

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**TREASURER – Fill out this section and keep a copy with receipts.**

Date Reimbursed \_\_\_\_\_

Check Number \_\_\_\_\_