

SUFFIELD GARDEN CLUB
EXPENDITURE PAYMENT FORM

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 _____

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 _____

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

Date Reimbursed _____

Check Number _____