

# SOUTHEASTERN PENNSYLVANIA ORCHID SOCIETY

- REIMBURSEMENT  
 DONATION

Name: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_

Date	Description	Amount
<b>Please check the appropriate boxes and attach all receipts</b>		<b>Total:</b>

Expenses over \$500 must be approved by the President or Vice President.

Approved by: \_\_\_\_\_

No receipts. Approved by: \_\_\_\_\_

- |                                      |                                      |                                     |                                     |                                      |
|--------------------------------------|--------------------------------------|-------------------------------------|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> Annual Show | <input type="checkbox"/> Auction     | <input type="checkbox"/> Away Shows | <input type="checkbox"/> A/V        | <input type="checkbox"/> Banquet     |
| <input type="checkbox"/> Donation    | <input type="checkbox"/> Hospitality | <input type="checkbox"/> Library    | <input type="checkbox"/> Membership | <input type="checkbox"/> New Growers |
| <input type="checkbox"/> Newsletter  | <input type="checkbox"/> Raffle      | <input type="checkbox"/> Speakers   | <input type="checkbox"/> Sunshine   | <input type="checkbox"/> Technology  |
| <input type="checkbox"/> Other _____ |                                      |                                     |                                     |                                      |

SEPOS Treasure Use:

Amount Paid: \_\_\_\_\_

Amount Donated: \_\_\_\_\_

Date Paid: \_\_\_\_\_

Check #: \_\_\_\_\_

Donations may be tax deductible. Check with your tax advisor Code Sec. 501(c)(3) Sec. 170  
Submit completed form & receipts to SEPOS Treasurer, R.E. Sprague  
110 Sharon Drive, Douglassville, PA 19518