

CENTRAL ATLANTIC REGION OF STATE GARDEN CLUBS, INC.
Request for Reimbursement or Payment Voucher

DATE: _____ SUBMITTED BY: _____

COMMITTEE: _____

CHAIRMAN: _____

ACCOUNT CHARGED (if not committee): _____

APPROVED BY COMMITTEE CHAIR (signature): _____

AMOUNT: _____

CHECK PAID TO THE ORDER OF: _____

ADDRESS (where check is to be sent): _____

Original receipts/invoices must be attached to this request and approved by Director and Committee Chairman before payment.

CHECK # _____

DATE _____

DIRECTOR _____

Mail to: Mary Williford
24900 Magnolia Circle
Millsboro, DE 19966

Date	Amount	Vendor	Description

Complete 3 copies:

- Mail 2 copies of completed form to Project Chairman with original receipts/invoices of which 1 copy is to be forwarded to Treasurer and 1 copy to be kept by Project Chairman for file and report.
- Keep 1 copy for your file and records.