

Garden Club of St. Petersburg

Reimbursement Form

GCSP Check Number _____

Date: _____

Amount \$ _____

EVENT/SERVICE: (1 FORM FOR EACH EVENT) _____

Signature: _____ Print Name: _____

Where to mail check: address _____

OR ____ place in my circle's box for pick up at my next meeting. CIRCLE NAME _____

All requests for reimbursement must be on Reimbursement Form with receipts attached (stapled). If additional lines are needed use back of sheet. (Created 4/18/20)

Itemization:

Purchased from	Description	Amount
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

TOTAL AMOUNT OF ATTACHED RECEIPTS: \$ _____

Example: Michaels

GCSP Flower Show staging

\$100.00