

FORM #2

GARDEN CLUB OF ST. PETERSBURG
REQUEST FOR REIMBURSEMENT OF EXPENSES INCURRED
Please CASH all checks in a timely manner

Event or Reason for request

Date request

Print name of Authorized person submitting

Contact info-phone & email

Address to send Check

Purchased From	Item Description	\$ Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please submit one form for each activity to allow for accurate expensing.
Request must be made within two weeks after expense or activity is complete.

Signature of Authorized person

Print Authorized Position

Treasurer Account # _____

GCSP check date _____

Approved by _____