

ROME FEDERATED GARDEN CLUBS, INC.

EXPENSE/PAYMENT REQUEST

FROM _____ TITLE _____ DATE _____

ADDRESS _____

CITY, STATE, ZIP _____

PHONE _____ E-MAIL _____

All requests including bills for unbudgeted expenses must be approved by the President prior to payment by the Treasurer. An itemized account with vouchers for each expense must be included with this request.

SEND COMPLETED FORM WITH RECEIPTS ATTACHED TO THE TREASURER

DATE	AMOUNT IF APPLICABLE	ITEM/PURPOSE	PROOF OF PURCHASE	AMOUNT
			TOTAL EXPENSE	\$

SIGNED _____

AMOUNT REIMBURSED: _____ DATE _____ CHECK # _____

TREASURER'S SIGNATURE _____ DATE _____