THE INDIANAPOLIS GARDEN CLUB

REIMBURSEMENT FORM

TODAY'S DATE: _____

NAME OF COMMITTEE/PROJECT: _____

DESCRIPTION OF EXPENSE: _____

_____

_____

_____

TOTAL REIMBURSEMENT REQUESTED: $ _____
*PLEASE ATTACH COPY OF RECEIPT.

PERSON TO BE REIMBURSED:

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

SIGNATURE: _____

TREASURER'S USE ONLY:

DATE APPROVED: _____ CHECK # ISSUED: _____ AMOUNT: _____