

**FALLBROOK GARDEN CLUB**

**REQUEST FOR PAYMENT/REIMBURSEMENT**

**Submit Within 60 DAYS of Event/Expenditure**

Date: \_\_\_\_\_ Name: \_\_\_\_\_

Club Position: \_\_\_\_\_

Make Payment to: \_\_\_\_\_

Address: \_\_\_\_\_

Amount Requested: \_\_\_\_\_ Purpose: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

***Attach all Receipts and/or Other Supporting Documents***

**Please deposit payment no later than 90 days from receipt**

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Treasurer's Use Only:

Date Paid \_\_\_\_\_ Check # \_\_\_\_\_ Budget Line Item/s: \_\_\_\_\_

\_\_\_\_\_