

**EXPENSE REIMBURSEMENT**  
**Southampton Garden Club EIN**  
**76-0382161**

Total Amount Requested \$ \_\_\_\_\_ Check # \_\_\_\_\_  
(for treasurer use)

Date \_\_\_\_\_

Payable to \_\_\_\_\_

Reimbursed for \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

ITEM(S)	VENDOR	AMOUNT
<b>TOTAL</b>	_____	0

Budget Category \_\_\_\_\_  
(for treasurer use)

Please complete this form, attach your receipt(s) and return it to treasurer:  
Sandy Foor  
2018 Bolsover  
smfoor@aol.com