

EXPENSE REIMBURSEMENT
Southampton Garden Club EIN
76-0382161

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

Date _____

Payable to _____

Reimbursed for _____

ITEM(S)	VENDOR	AMOUNT
TOTAL	_____	0

Budget Category _____
(for treasurer use)

Please complete this form, attach your receipt(s) and return it to treasurer:

Mary Swift
2201 Dunstan Rd
Houston, TX 77005
Mary.swift.tx@gmail.com