

Grants Pass Garden Club, Inc.
Check Request

PLEASE CASH YOUR CHECK WITHIN 45 DAYS OF CHECK DATE

INSTRUCTIONS:

Submit a separate Check Request form for EACH category when purchasing items for multiple categories.

As much as possible, **please provide separate receipts for GP Garden Club purchases.**

For ALL CHECK REQUESTS, complete the requested information below. For reimbursement, attach the receipt(s) for each item listed.

Prior to submitting your request to the club Treasurer, obtain the approval signature of the Chairperson or Director who oversees the category.

JUNE 15th is the deadline for all Expense reimbursement requests occurring in the current year.

Requester: _____

Date: _____

Make Check Payable to: _____
(if different than requester)

Mailing Address (non-club member): _____

Category Acct. #	Description/Explanation	\$ Amount
		\$
	TOTAL REIMBURSEMENT REQUESTED:	\$

.....
Committee Chairperson/Director approval

Date

Recvd _____ **FINANCE DEPT. Use Only**

Date Paid: _____ Delivered: _____

Check #: _____ Ck Amount: _____

Check #: _____ Ck Amount: _____

Check #: _____ Ck Amount: _____

Posted: _____ **COMMENTS:**

SPLIT CATEGORY Files: