

Wellington Garden Club

Member Education Expense Reimbursement Form

	Education Expense Kenn	ibui sement ro	1 111
Date:			
Instructions:			
 Complete Form. Attach registration form or proof of the complete indicate how indic			
	program Write an article for th		
□ Other (Please specify)			
4. Send completed Member Educatio	n Expense Reimbursement form	to WGC Assistant	Treasurer:
Kathy Hernicz, 1	460 Wood Row Way, W	ellington, FL 3	33414-9084
in accordance with WGC policy listed	equest has been reviewed by the WGC I above and when educational event proof separately from the event are not reimbut. Email or Pho	of completion has bee orsable.	
Name	Eman of Tho	пс	
Address	City	State	Zip
Name of Educational Event			
Date(s) of Educational Event		Expense Account No. 6803	
Education Event Or Tuition Cost 1 2	Less Meal Cost (if any)	Reimbursable Amount (50% of cost)	
3		 Total	

Wellington Garden Club is a 501 (c)(3) organization. A copy of the official registration #CH21151 and financial information may be obtained from the Division of Consumer Services by calling (800) 435-7352 toll-free within the state. Registration does not imply endorsement, approval or recommendation by the state.