EXPENSE SUMMARY SHEET

WELLINGTON GARDEN CLUB

Directions: Garden Club members use this form to request **reimbursement of approved expenses or to request payment to a vendor**. The completed form is emailed or given to Marianne Forrest.

Submitted By: _____ Date: _____

Activity: _____

If more than one activity, please itemize activities below.

Committee Chairperson's Name: _____

Committee Chairperson's Approval: _____

Required for reimbursement requests exceeding $100.

☐ Request that a vendor be paid with a WGC Check or Credit Card. Invoice/Receipt attached.

☐ Request reimbursement. Mail WGC Check to name and address below.

☐ This is a donation. Send a WGC Charitable Donation letter to the name and address below.

	ITEM DESCRIPTION	EXPENSE ACCOUNT #	AMOUNT $
	e.g. Group Sales Tickets	*e.g., 6599b*	*$1015.00*
1.			$
2.			$
3.			$
4.			$
5.			$
6.			$
7.			$

For more than 7 transactions, complete additional page(s). **TOTAL:** $ _____

Attach invoices/receipts to the back of this sheet upon completion of the event.

Call Marianne @ 561-329-3743 with questions. Give/mail the completed form with receipts/invoice to:

Marianne Forrest
Wellington Garden Club
121 Venetian Lane
Royal Palm Beach, FL 33411-7819

When requesting payment to be mailed to yourself or a vendor, provide a valid mailing address:

Name/Vendor _____ **Email or Phone** _____

Address _____ **City** _____ **State** _____ **ZIP** _____

For Treasurer Use: *Activity Description & Expense Acct #* _____ *Amt.* _____

Activity Description & Expense Acct # _____ *Amt.* _____