



The Garden Club Federation of Massachusetts, Inc.

400 5th Ave, Suite 110, Waltham MA 02451 781-237-0336

Check/Reimbursement Request Form

Mail or email to: Beate Bolen, Treasurer

30 Maplewood Terrace, Springfield, MA 01108

Scanned form w/receipts can be sent to: beatebolen@gmail.com

Date: _____

Please check one: Expense Reimbursement: _____ External Check Request: _____

Budget Category: _____

Chairman Signature: _____

Requested by: _____

Total Amount Requested: _____

Make check payable to: _____

Send Check to: _____

Address: _____

Phone Number (Required) _____

- *All receipts must be stapled to this sheet (no loose paper). Keep copies for your records.*
- *Provide a second copy of any contract or other material that is to be mailed with the check.*
- *Chairmen may not exceed their budgets without approval of the Finance Committee and the Executive Board.*

Expenditures:

Description:	Amount:
Total Requested	

PAYMENT:

Check #: _____ Check Date: _____ Account: _____