

Date Received by SMC GC Treasurer: \_\_\_\_\_

## St. Mary's County Garden Club Reimbursement Request Form

**Name:** \_\_\_\_\_  
(printed as it should appear on reimbursement check)

**Mailing Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_      **Date submitted:** \_\_\_\_\_

Committee / Activity	Items Purchased	Date Purchased	Amount, \$
<b>Total due:</b>			<b>\$</b>

**RECEIPTS (OR OTHER DOCUMENTATION) INDICATING THE ITEM AND  
CORRESPONDING COST MUST BE ATTACHED**

**Requestor signature:** \_\_\_\_\_

It is SMC GC's practice (not policy) to send reimbursement within two (2) weeks of the Club Treasurer receiving this completed form and associated documentation.