

Pleasure Through Plants
Garden Club of Darien
REIMBURSEMENT REQUEST

Attach all receipts or invoices. Maximum reimbursement is \$110 for Elder House
\$150 for Mather Center

Please coordinate among yourselves and submit ONE Reimbursement Request Form for the 3-member team. Separate reimbursement checks can be issued, based on the one Reimbursement Request. Thank you!

Event Date: _____

Event Location (Elder House or Mather Center): _____

Committee: PLEASURE THRU PLANTS 2016-2017

Names of 3 Participating committee Members:

_____ email address: _____

_____ email address: _____

_____ email address: _____

Date	Description of Expense/Store	Amount

Check Payable to: _____

Amount of Check: _____

Address: _____

Check Payable to: _____

Amount of Check: _____

Address: _____

Check Payable to: _____

Amount of Check: _____

Address: _____

Kindly submit receipts within 30 days after your event.

Send to:

Margaret Smith, 147 Long Neck Point Road OR dhsfam@msn.com

AND

Sandy Noble, 33 Horseshoe Road OR slknoble@optonline.net