

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 2018-2019

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:

Sheryl Lincoln, 205 Brookside Road OR [chelin@optonline.net](mailto:chelin@optonline.net)  
AND

Karen Gregorich, 41 Buttonwood Lane OR [kgregorich29@gmail.com](mailto:kgregorich29@gmail.com)