



WISCONSIN GARDEN CLUB FEDERATION
REQUEST FOR REIMBURSEMENT OF EXPENSES

Office Use: Check No. Debit Card Online Transfer Amount

Date

Name of Person Submitting Request

PURPOSE OF EXPENSE

BUDGET LINE ITEM

Note: Finance Committee must approve amounts in excess of budget.

Make check payable to

Mailing address

Telephone Email

Itemize Expense and attach Original Invoice, circle expense item and amount)

Vendor Amount

Vendor Amount

Approved by (Committee Chairperson)

(Finance Committee Member)

MILEAGE REIMBURSEMENT REQUEST:

Name District Title

Purpose of Trip Date

Mileage from to

Total Mileage @ \$0.25

Name of driver

Passengers

Please mail to Mary Jane Hull, WGCF Treasurer, 709 Brookstone Crest, Mt. Horeb, WI 53572 within 45 days of creation of expenditure. Reimbursement checks are void after 90 days.

Questions? Email: Hullmary249@gmail.com Phone: 608-427-2478 (prefer email, please)