



Garden Club of New Haven
Check Request and Expense Reimbursement Form
EIN: 066058605

Please attach receipt(s) or other backup documentation! Also, if you are not the committee chair, please have that person approve the request by signing here:

Chair

If requesting a check, please submit form at least one week in advance of when payment is desired.

Date of event/expense: _____ Committee: _____

Type of payment: _____ Check to Vendor _____ Reimbursement Check

PURPOSE OF THE EXPENSE: (Please provide as much information as possible and itemize individual expenses such as hotel, meals, transportation, tolls, parking)

Four lines for itemizing expenses, each starting with a dollar sign (\$).

Total Amount Requested: \$ _____

Classify Expense From: _____ Operating _____ Civic _____ Project Trees

Other please specify _____

CHECK MADE PAYABLE TO:

Name: _____

Address: _____

Name of person submitting request _____

Date Submitted: _____ Phone number: _____

eMail this form and copies of receipts to Susan Norden sknd@hotmail.com or mail to: Susan Norden, 40 Wood Rd., Branford, CT 06405