



**Frisco Garden Club, Inc.**

**PO Box 701**

**Frisco, TX 75034**

**www.friscogardenclub.org**

# Reimbursement Request Form

Prior to submission receipt(s) must be attached with Committee Chair approval signature

Date: \_\_\_\_\_ Payable To: \_\_\_\_\_

Date	Committee Name	Item/Service (receipt(s) attached)	Amount
<b>TOTAL</b>			

\_\_\_\_\_  
**Committee Chair (Print Name)**

Faye Lipham  
**President (Print Name)**

\_\_\_\_\_  
**Committee Chair Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**President Signature**

\_\_\_\_\_  
**Date**

Internal Use Only

Budgeted Expense (yes/no): \_\_\_\_\_ Budget Amount: \_\_\_\_\_ Budget Remaining: \_\_\_\_\_

Paid Date: \_\_\_\_\_ Paid Amount: \_\_\_\_\_ Pmt Method: \_\_\_\_\_ Posted: \_\_\_\_\_