

The Garden Club Federation of Massachusetts, Inc. 781-237-0336

400 5th Ave, Suite 110, Waltham MA 02451

Check Request/Reimbursement Request Form

Mail or email to: Beate Bolen, Treasurer 30 Maplewood Terrace, Springfield, MA 01108

Scanned form w/receipts can be sent to: beatebolen@gmail.com

Date:	
Please check one: Expense Reimbursement:External Check	Request:
Budget Category:	
Chairman Signature:	
Requested by:	
Total Amount Requested:	
Make check payable to:	
Send Check to:	
Address:	
Phone Number (Required)	
 All receipts must be stapled to this sheet (no loose paper). Keep of Provide a second copy of any contract or other material that is to Chairmen may not exceed their budgets without approval of the Board. Expenditures: 	be mailed with the check. Finance Committee and the Executi
Description:	Amount:
Total Requ	ested
PAYMENT: Check Date: Account:	