Marietta Daisies Garden Club
C/O , Mary Ellen Leffard, Treasurer
1040 Ector Chase NW
Kennesaw, GA 30152
Maryellen.leffard@gmail.com

REQUEST FOR REIMBURSEMENT

Note: All charges should be presented to the Chair of the Committee who will send to treasurer for reimbursement. This will ensure that the Chair is kept informed. RECEIPTS must accompany this request for reimbursement.

Date: _____

Name: _____
Address: _____
City, State, Zipcode: _____
Phone: _____

Date	Detail of expenses	Fund/Acct to be charged	Amount

Check/Zelle Recipent_____

Pd chk/zelle _____ Amount $_____ Date_____