Keyport Garden Club

PO Box 604 ~ Keyport, NJ 07735
KeyportGardenClub@gmail.com

EXPENDITURE REQUEST FORM

__Under $50.00 Reimbursement request
  Please provide receipts and circle total

__Over $50.00 Expenditure request
  Please submit by the 15th of the month to be reviewed at
  the monthly meeting.

Committee

Craft projects for fundraising	Merchandising	Social Media and Publicity
Drumthwacket event	Newsletter – the Vine	Special Event Speakers
ESCG	Parade/Festival coordination	Sunshine
Fundraising and Grants	Plant Sale ___ Spring __Fall	Town Beautification ___KBBC expense
KGW Event	Seed Library	Trip Committee

PLEASE PRINT

Committee person requesting: _____

Cell phone:_____ Email: _____

Home address: _____

Should check be mailed to this address __yes __ no If not where should we send the check and to whom?

_____

RECEIPT DATE	DESCRIPTION	AMOUNT
	TOTAL	

Request Date: _____ **Check needed by:** _____ **Total requested: $** _____

Additional information (if required):

_____
_____
_____

KGC Treasurer use

approval __ yes __ no   amount approved $_____   meeting date approved _____   check mailed __ yes   date mailed _____