

**Pacific Region Garden Clubs, Inc.**  
**Expense Validation and Authorization to Issue Payment**

Date:

Amount To Pay: \$

Pay To Name:

Pay To Address:

Payment/Reimbursement Requested For:

Account to Debit:

Budgeted:

Requested By (Print Name and Sign):

Chairman Approval (Print Name and Sign):

Region Director Authorization:

Please include bill, receipts or signed itemized statement. Chairmen, forward to Region Director Carol Norquist for approval. [norquistc1219@gmail.com](mailto:norquistc1219@gmail.com)  
3734 W 35<sup>th</sup> Ave. Anchorage AK 99517 She will forward to the treasurer.

Treasurer Use Only

Date Paid:

Amount Paid:

Check Number:

Date Mailed:

Address Where Mailed: