

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 Tanja Swanson, pacreggardenclubs@gmail.com.
227 Ewuana St, Klamath Falls, OR 97601 She will forward to the
treasurer.

Treasurer Use Only

Date Paid:

Amount Paid:

Check Number:

Date Mailed:

Address Where Mailed: