

FUNDS REQUEST/EXPENSE REIMBURSEMENT

Please <u>submit requests as soon as possible after purchase</u> up to September 1. Expenses incurred after September 1 should be submitted immediately so that the Finance Committee has the information by November 1 for budget purposes. Expenses in November and December can still be applied to the current year's budget but should only be for items needed in the current year.

Pay to Vendor Reimbursement D					Direc	eted Donation
Pay to:						
Address:						
City:				State:	Zi	ip:
SUBMITTED BY						
Name:					Dat	te:
Phone:			Em	nail:		
Garden or Project Name:						
Chairperson (print name & sign):						
Co-signer & Title (if reimbursement for self):						
LIST EXPENSES AND INCLUDE ORIGINAL RECEIPTS						AMOUNT
						\$
						\$
						\$
						\$
						\$
						\$
TOTAL DUE:						\$
SUBMIT COMPLETED REQUEST TO: Belinda Brocker, Treasurer SEWMG, Inc. Treasurer U					Use Only	
W220 N8143) L V V IVI C, III		Chec	ck Amount:	\$
Sussex, WI 53089					k Number:	Ψ
					it Card:	
					Payment:	
		curring Cha	arge	Date	Paid:	