Keyport Garden Club

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

EXPENDITURE REQUISITION FORM

Date:

This expense request is for reimbursement of costs that have been previously paid out-of-pocket	**Requisition of funds for the purpose of paying an approved vendor for goods or services**
Member:	Vendor:
Address:	Address:
Cell Phone:	Cell Phone:
Committee:	Committee:
Function/Event:	Function/Event:
Check payable to:	Check payable to:
Full amount due: $	Full amount due: $
	Is a deposit required: __yes __no, If yes, Amount $ Deposit is due by:
	Final Payment is due:
	Total – deposit = $
__ Mail check __Pick up check	__ Mail check __Pick up check

Attach Receipts or Invoices

RECEIPT DATE	DESCRIPTION	AMOUNT
	TOTAL	

Additional Information:

KGC Treasurer use

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