



# Rose Garden Club of Liberty

## EXPENSE REIMBURSEMENT FORM

Member Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

DATE	EXPENSE CATEGORY (I.E. PLANT SALE)	EXPENSE DESCRIPTION	RECEIPT ✓	AMOUNT

TOTAL: \$ \_\_\_\_\_

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

All receipts must be submitted via **EMAIL** to the Rose Garden Club's Treasurer for reimbursement at: [ccmcmamus1228@aol.com](mailto:ccmcmamus1228@aol.com).

If you use the Club's Credit Card to make a purchase, please complete this Expense Form as well and submit it to the Club's Treasurer to ensure proper expense documentation.