



The Garden Club of Georgia, Inc.

Send Expense Report to:

Geraldine Shaw (Geri), GCG Treasurer
813 Park St.
St. Marys, GA 31558

Expense Report

Name _____

Position _____

Address _____

City, State, Zip _____

Telephone _____

Email Address _____

Purpose _____

Date _____

GCG Code	Date	Description	Vendor or place of purchase	TOTAL

TOTAL

Signature of person requesting reimbursement

Authorized Signature approving reimbursement

PLEASE ATTACH RECEIPTS – spread out
on sheet(s) of paper so all are visible.

For information see Bylaws, Article X, Section 6 and Policies A.
General, #6 in the Guide.
All requests, including bills for budgeted expenses, must be
approved by the President prior to payment by the Treasurer
(Bylaws, Article X, Section 1, Section 2)

Paid, (Date and check #)