



The Garden Club of Georgia, Inc. 2023 - 2025

Credit Card Expense Report

Name: _____

Position: _____

Email: _____ Cell Phone: _____

Purpose (Committee, Event, Etc.): _____

Date Submitted: _____

Date	Description (Items purchased)	Vendor/Place of Purchase	Amount
Total			

X _____
Signature: person requesting authorization

X _____
Signature: GCG President Signature

Original signed contract included, if applicable. Approved by the President prior to payment by the Treasurer.

Please tape small receipts to a separate piece of paper so all details and totals are visible. Scan and email or mail receipts and/or invoices with completed and approved form prior to payment by treasurer:

Geri Shaw, GCG Treasurer
813 Park Street
St. Marys, GA 31558
treasurer@gardenclubofgeorgia.org