

The Garden Club of Georgia, Inc. 2025 - 2027

Credit Card Expense Report Name: Position: Cell Phone: Email: Purpose (Committee, Event, Etc.): Date Submitted:_____ Description **Date Vendor/Place of Purchase Amount** (Items purchased) Total Signature: person requesting authorization 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