

TENNESSEE FEDERATION OF GARDEN CLUBS, INC.

EXPENSE REIMBURSEMENT REQUEST—FORM B

Submitted By: _____ Title: _____

Phone No: _____ Email: _____

Send this completed form, with receipts/vouchers attached to the TFGC Treasurer:
Marilyn Smith, 279 Pine Hollow, Dayton, TN 37321-5383.

Receipt/Voucher/Date	Item	Place of Purchase	Amount

Total Amount to be Reimbursed: \$ _____

Approved by TFGC President: _____ Date: _____