

TENNESSEE FEDERATION OF GARDEN CLUBS, INC.

EXPENSE REIMBURSEMENT REQUEST/FINANCIAL REPORT – FORM B

Submitted By: _____ Title: _____

Phone No: _____ Email: _____

Event: _____ Date: _____

Send this completed form, with receipts/vouchers attached to the TFGC Treasurer:
Susan Quinn, 97 W Chickasaw Pkwy, Memphis, TN 38111.

Receipt/Voucher/Date	Item	Place of Purchase	Amount

Total Amount to be Reimbursed: \$ _____

Mail Reimbursement to: _____

Approved by TFGC President: _____ Date: _____