

*The Garden Club of Bermuda  
P O Box HM 1141  
Hamilton HM EX*

**Reimbursement Form**

Garden Club  
Committee: \_\_\_\_\_ Date: \_\_\_\_\_

Main Coordinator/Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_

**Expenses Incurred on behalf of The Garden Club of Bermuda:**

<b>Vendor/Supplier Name (Please attach Invoices)</b>	<b>Amount</b>	<b>Description of Expense</b>	<b>Pay vendor direct (please tick)</b>	<b>Reimburse GC member (please tick)</b>

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**Committee Chairperson**

**For Treasurer:-  
Garden Club Account to charge:**

**Payment date:**

**Check #:**