



Federated Garden Clubs of New York State, Inc.

21A Brookedge

Guilderland, NY 12084-9110

PH: 518-869-6311

REQUEST FOR REIMBURSEMENT OR PAYMENT

Date: _____

Check to be made payable to: _____

Amount: _____

For:

Chairman Signature: _____

Title or Committee: _____

Address:

Phone: (____) _____

All Officers or Chairman requesting reimbursement for costs incurred on behalf of FGCNYS, Inc. activities, or payment made to vendors, MUST complete and sign this form, attach itemized bills or receipts, and mail to the address above. No payments will be made without complete documentation.

*****For Office Use Only*****

Approval to Pay: _____

Date Paid: _____

Check No.: _____

Account Code: _____

By: _____