

**The Garden Club of Harvard
Reimbursement/Payment Form**

To: Treasurer
The Garden Club of Harvard
P.O. Box 105
Harvard, MA 01451-0105

Date: _____

Attached are my receipts for purchases made or a bill for expenses incurred on behalf of The Garden Club of Harvard, relating to my service on the Committee or Project indicated.

<input type="checkbox"/> Awards	<input type="checkbox"/> Library Books
<input type="checkbox"/> Conservation	<input type="checkbox"/> Library Flowers
<input type="checkbox"/> Floral Design	<input type="checkbox"/> Membership
<input type="checkbox"/> Friendship Gardens	<input type="checkbox"/> Newsletter
<input type="checkbox"/> Garden Tour/Luncheon	<input type="checkbox"/> Nominating
<input type="checkbox"/> Garden Therapy	<input type="checkbox"/> Parliamentarian
<input type="checkbox"/> Graduation Flowers	<input type="checkbox"/> Plant Sale
<input type="checkbox"/> Historian	<input type="checkbox"/> Programs
<input type="checkbox"/> Holiday Workshop	<input type="checkbox"/> Publicity
<input type="checkbox"/> Horticulture	<input type="checkbox"/> School Conservation Trails
<input type="checkbox"/> Hospitality	<input type="checkbox"/> Special Programs
<input type="checkbox"/> Landscape Design/Civic Beautification	<input type="checkbox"/> Yearbook
	<input type="checkbox"/> Other:

Total amount requested: \$ _____

Please reimburse or pay: _____

Mail to:

Please use the space below to provide details of the project for proper allocation of the expense.

Note: Bills must be submitted for payment within thirty days of expenditure or charge.