



The Calvert Garden Club

EXPENSE VOUCHER

Date: _____

Make check payable to: _____

Mail Check to:

Address _____

City _____ State _____ Zip _____

(optional) Telephone _____ Email _____

Please list each receipt separately. **Explanation is the purpose of the expense** (Example: Plant Sale, Young Gardeners, Hospice)

Please use a different Form for each person requesting payment.

Date	Amount	Vendor	Explanation

Total: \$ _____ **Signed:** _____ **Approved by (Chair)** _____

Please enclose all the receipts that you have.

Mail to: CGC Treasurer
855 Carson Road
Huntingtown, MD 20639

Please make and keep copies of all receipts you send for your records

FOR TREASURER' S USE ONLY	
Check No. _____	Amount: _____
Date: _____	Budget: _____
Other: _____	