

**Dos Valles Garden Club  
Expense Reimbursement Request**

Date: \_\_\_\_\_ Amount Requested: \_\_\_\_\_

Payable  
To: \_\_\_\_\_

Description of Ex-  
pense: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(If multiple items, list each item & the cost associated with that item for budget coding)

Date Pd: \_\_\_\_\_ Check #: \_\_\_\_\_ Budget Code: \_\_\_\_\_

Accountant Entry: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Comments: \_\_\_\_\_

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