



**Federated Garden Clubs of New York State, Inc.**

292 Washington Avenue Ext, STE 104

Albany, NY 12203-6385

PH: 518-869-6311

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**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: \_\_\_\_\_