

# Greater Cincinnati Daylily-Hosta Society

## Expense Reimbursement Approval Form

Please Complete This Form, Attach Your Receipts, and Send It To:

Gary Barth, Treasurer  
Greater Cincinnati Daylily-Hosta Society  
1243 Spotted Fawn Run  
Milford, OH 45150

Date: \_\_\_\_\_

Submitted By: \_\_\_\_\_

Send Payment To:  
Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Dollar Amount: \_\_\_\_\_

(Please Check)

Expense was:  Budgeted  Non-Budgeted  
Receipts:  Attached  No Receipts

Reason For The Expense:

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

Approved for Payment: (President's Approval Needed For \$500 or More)

\_\_\_\_\_  
Treasurer

\_\_\_\_\_  
President