



## FEDERATED GARDEN CLUBS OF MARYLAND

### CHECK/REIMBURSEMENT REQUEST

Complete this form and mail with any attachments to:

FGCMD  
P.O. Box 65172  
Baltimore MD 21209

**OR**

Scan Reimbursement Request and attachments and email to: [office@fgcofmd.org](mailto:office@fgcofmd.org)

Date of request:	
Person requesting check:	
Description of expense:	
Name of Payee and Address to which check should be mailed (Please print)	
Amount:	

Please attach invoice or receipts if available.

Note: IRS requires receipts for expenses in excess of \$25.00

For Office Use Only

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Budgeted Item: \_\_\_\_\_

**OR**

Approved by: \_\_\_\_\_

Check Number: \_\_\_\_\_

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

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

Payee: \_\_\_\_\_