

# Corvallis Evening Garden Club

## Reimbursement/Disbursement Form

Reimbursement and disbursement requests **must be accompanied by a receipt or invoice** and may be submitted to the EGC treasurer at a club meeting or by mail to:

**Evening Garden Club**  
5060 SW Philomath Blvd., #187  
Corvallis, OR 97333

Reimbursement       Disbursement

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

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

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

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

Check#: \_\_\_\_\_

Purpose: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Requestor Name: *(print) and date*

\_\_\_\_\_

Requestor Signature:

\_\_\_\_\_

Attach receipts or invoices here or to back of this form if oversized.