



GGLRC Expenses Reimbursement Request Form

Mail completed form to:

Georgia Baba • 5 Naranja Way, Portola Valley, CA 94028
 (650) 996-6500 • georgia.baba@sbcglobal.net

Date: _____

All Reimbursement Requests must be received within 60 days of event.

Please Issue Check To:	
Mail Check To:	
Street Address:	
City, State, ZIP:	

Check appropriate category box below:

<input type="checkbox"/> Membership	<input type="checkbox"/> Wind Morgan	<input type="checkbox"/> Do-It-All Challenge
<input type="checkbox"/> Newsletter	<input type="checkbox"/> Field	<input type="checkbox"/> Specialty Match
<input type="checkbox"/> Specialty	<input type="checkbox"/> Public Education	<input type="checkbox"/> Other Expense

Please categorize Other Expense:

Receipts must be attached for all reimbursements

Vendor	Itemize & Explain Purpose	Amount Requested

Authorized by Function Chairperson:

Total:

For Treasurer's Use Only:

Check Number:	Date Issued:	Date Mailed:
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