## National Garden Clubs, Inc. Officer/Board of Directors Payment Request (other than Reimbursement)

Chairman/Officer	Position	
	Name	
	Address	
Date		
Purpose of Expenditure		
Account to be charged		
Company to receive payment:		
Name		
Address		
City	State	Zip
Please attach any invoices and/or statements and send to:		Accounting Department National Garden Clubs, Inc. 4401 Magnolia Ave, St. Louis, MO 63110-3406
Submit expenses incurred during	the current fiscal year J	une 1-May 31, ONLY will be honored
Signature of person requesting pa	ayment	