

**Pacific Region - National Garden Clubs, Inc.
Expense Validation and Authorization to Issue Payment**

Date:

Amount To Pay: \$

Pay To Name:

Pay To Address:

Payment/Reimbursement Requested For:

Account to Debit:

Budgeted:

Requested By (Print Name and Sign):

Chairman Approval (Print Name and Sign):

Region Director Authorization:

Please include bill, receipts or signed itemized statement.

Treasurer Use Only

Date Paid:

Amount Paid:

Check Number:

Date Mailed:

Address Where Mailed: