

# Floratopia Expense Reimbursement Form

Date	Expense Description	Vendor/Payee	Amount
<b>TOTAL</b>			

**CHECK THE COMMITTEE BOX(S) THAT CORRESPONDS TO THE EXPENSE REQUEST(S).**

Committee	Committee	Committee	Committee
<input type="checkbox"/> Awards	<input type="checkbox"/> Judges Dinner	<input type="checkbox"/> Signage	<input type="checkbox"/> BA Division
<input type="checkbox"/> Clerks	<input type="checkbox"/> Judges Gift Bags	<input type="checkbox"/> Sponsorship	<input type="checkbox"/> Conservation Exhibit
<input type="checkbox"/> Entries	<input type="checkbox"/> Judges Lunch	<input type="checkbox"/> Staging	<input type="checkbox"/> Name Tags
<input type="checkbox"/> FD Challenge Class	<input type="checkbox"/> Name Tags	<input type="checkbox"/> Transportation	<input type="checkbox"/> Photography Division
<input type="checkbox"/> FD Division	<input type="checkbox"/> Preview Party	<input type="checkbox"/> Volunteers	<input type="checkbox"/> Publicity
<input type="checkbox"/> Horticulture Division	<input type="checkbox"/> Show Brochure	<input type="checkbox"/> WFC Rental	<input type="checkbox"/> Other

**RECEIPTS OR INVOICE MUST BE ATTACHED FOR REIMBURSEMENT**

PAYEE OR DONOR:
ADDRESS:

I DO NOT WANT REIMBURSEMENT. PLEASE SEND DONOR ACKNOWLEDGEMENT.

**COMMITTEE CHAIR APPROVAL:** \_\_\_\_\_