

Washington State Gourd Society
Reimbursement Form

Please Check One Check Request _____ Deposit _____

Date

Name _____

Committee/Office _____

Payee _____

For:	Amount
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
Please attach receipts for check request	Total \$ _____

Ck# _____

Ck/ Dep.
Date _____

Ck / Dep. Amt \$ _____

Your Signature _____

Authorized Signature _____

Original:
Treasurer _____

Please mail to:

Bob Riveira, WSGS Treasurer
P.O. Box 1468
Marysville, WA. 98270-7796

360-659-3959
bob.alana@comcast.net