

SOUTHEASTERN PENNSYLVANIA ORCHID SOCIETY

REIMBURSEMENT
 DONATION

Name: _____ Date: _____

Address: _____ Phone: _____

Date	Description	Amount
Please check the appropriate boxes and attach all receipts		Total:

Expenses over \$500 must be approved by the President or Vice President.
Approved by: _____

No receipts. Approved by: _____

- Annual Show
 Auction
 Away Shows
 A/V
 Banquet
 Donation
 Hospitality
 Library
 Membership
 New Growers
 Newsletter
 Raffle
 Speakers
 Sunshine
 Technology
 Other _____

SEPOS Treasure Use:

Amount Paid: _____

Amount Donated: _____

Date Paid: _____

Check #: _____

Donations may be tax deductible. Check with your tax advisor Code Sec. 501(c)(3) Sec. 170
Submit completed form & receipts to SEPOS Treasurer, Marrianna Occhuizzo
140 Columbia Avenue, Phoenixville, PA 19460