

# Orchid Growers' Guild

Name \_\_\_\_\_ Date \_\_\_\_\_

Purpose of Expenditure \_\_\_\_\_

Itemized Receipts:	Amount
1.	\$ _____
2.	\$ _____
3.	\$ _____
4.	\$ _____
Total: \$ _____	

Complete following only if different than above or information not on receipt.

Payable to \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_

Paid: Check No. \_\_\_\_\_ Date \_\_\_\_\_

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