

**Canton Garden Center  
Requisition for Payment**

Please circle the appropriate committee to be charged. The committees are in alphabetical order. If your committee is not listed, fill in OTHER with the committee name. **ONLY ONE VENDOR PER SHEET.**

- |                                |                               |                              |
|--------------------------------|-------------------------------|------------------------------|
| 61450 Bus Trip                 | 51007 Garden of Five Senses   | 51005 Rose Garden            |
| 61951 Bird                     | 65060 Garden Post             | 51009 Schneider Fountain/Gar |
| 51002 Children's Garden Arms   | 51008 Herb Garden             | 61125 Social Committee       |
| 51003 Children's Garden Educ.  | 61800 Holly Pine Lane         | 61850 Spring Program         |
| 61500 Community Beautification | 65045 House Supplies          | 61652 Student Scholarship    |
| 61700 Fall Fundraiser          | 61660 Junior Gardeners        | 61900 Tour of Gardens        |
| 61750 Flower Show              | 51001 Landscape Main & Plants | 61550 Vol. Services          |
|                                | 61600 N&N Workshop            |                              |

Other: \_\_\_\_\_

Date Submitted: \_\_\_\_\_

Number of bills attached to be paid to same person/vendor: \_\_\_\_\_

Total Amount: \_\_\_\_\_

Purpose: \_\_\_\_\_

**Person/Vendor Receiving Payment: ONLY ONE VENDOR PER SHEET.**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Committee Chair Signature: \_\_\_\_\_

Requested by: \_\_\_\_\_

**Attach original receipt or invoice to support payment.**

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***Do not write below the above line:***