

**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.

**MAIL REQUEST TO:
Canton Garden Center
Attn: Diane Patris
5702 Vantage Hill Ave. NW
Massillon OH 44646-1165**