

Colonial Quilt Lovers Reimbursement or Check Request



Check appropriate box:

Guild <input type="checkbox"/>	2012 Day of Sharing <input type="checkbox"/>	2013 Quilt Show <input type="checkbox"/>
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Pay to the order of (please print)

Name _____

Address _____

City, State & Zip _____

Purpose of Check:

Attach original receipts or invoices – photocopies do not meet audit requirements. Please itemize expenses here:

Amount & Committee

Total amount requested _____ by _____ (date if applicable).

Signature: _____ Date _____

Print Name _____ Phone _____

Email: _____

Approved by: Officer Signature _____ Date: _____

Accounting Only

Check #: _____ **Amount:** _____ **Date:** _____

Expense Category 1 _____

Expense Category 2 _____