

Dixie Quilt Guild Expense Reimbursement Request

Requester: _____ Date: _____
 Address: _____
 City, State, Zip: _____
 Phone: _____

***Receipts for all expenditures must be attached and form completed in full
before reimbursement will be issued.***

Check One:

- | | |
|-------------------------------------|---|
| <input type="checkbox"/> Membership | <input type="checkbox"/> Christmas Luncheon |
| <input type="checkbox"/> Newsletter | <input type="checkbox"/> Retreat |
| <input type="checkbox"/> Workshops | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Quilt Show | |

Date	Vendor	Description	Amount
		Total Expenses	
		Less Advances	
		Total Due	

Requester's Signature

President's or Vice President's Signature if requesting more than \$150.00

For Treasurer's Use Only

Check No. _____	Check delivered [] Mailed []
Date check issued: _____	Date: _____