

Heart of the Triad Quilt Guild
Expense Reimbursement Request

Name _____

Make check out to: _____

Mailing Address if check is to be mailed: _____

Purchase Date	Vendor	Items Purchased	Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Total Amount Requested			\$ _____

Committee _____

(Please use separate forms for each committee)

Signature: _____

All requests for reimbursement must be filed within 90 days of receipt date.

Attach all original receipts to the back, and please make sure to clearly circle each item's amount that corresponds to the reimbursement request. Program and workshop requests must be accompanied by a contract or invoice from the speaker. An email exchange discussing the program and price will also be accepted.

Pd Ck#: _____

Amount: _____

Date: _____

Data Entry: _____