

**Heart of the Triad Quilt Guild
Quilt Show 2024
Expense Reimbursement Request**

Name: _____

Make Check Payable To: _____

Mailing Address (if check is to be mailed): _____

Purchase Date	Store/Vendor Name	Items Purchased	Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Total Amount Requested			_____

Quilt Show Committee: (please use separate form for each committee)

- | | |
|--|--|
| <input type="checkbox"/> Admissions
<input type="checkbox"/> Books/Magazines
<input type="checkbox"/> Challenge Quilts
<input type="checkbox"/> Hospitality
<input type="checkbox"/> Judges
<input type="checkbox"/> Publicity
<input type="checkbox"/> Quilt Entries
<input type="checkbox"/> Quilt Show Layout/Design
<input type="checkbox"/> Quilter's Market
<input type="checkbox"/> Raffle Baskets
<input type="checkbox"/> Raffle Quilt Assembly | <input type="checkbox"/> Raffle Quilt Tickets
<input type="checkbox"/> Receiving Quilts
<input type="checkbox"/> Registration/Show Catalog
<input type="checkbox"/> Ribbons
<input type="checkbox"/> Setup/Takedown
<input type="checkbox"/> Silent Auction
<input type="checkbox"/> Vendors
<input type="checkbox"/> Volunteers
<input type="checkbox"/> YLI
<input type="checkbox"/> Other (please describe)
_____ |
|--|--|

Signatures	Date
Requester: _____	_____
Committee Chair: _____	_____

All receipts must be filed within 90 days of the date of the receipt.
 Attach all original receipts to the back of this form, making sure to clearly circle each item amount that corresponds to the reimbursement request.

Check Number: _____
 Amount: _____
 Date: _____
 Data Entry: _____