

Heart of the Triad Quilt Guild  
Expense Reimbursement Request

Name \_\_\_\_\_

Make check out to: \_\_\_\_\_

Mailing Address if needed: \_\_\_\_\_

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

Committee \_\_\_\_\_

(Please use separate forms for each committee)

**All receipts 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.

Pd Ck#: \_\_\_\_\_

Amount: \_\_\_\_\_

Date: \_\_\_\_\_

Data Entry: \_\_\_\_\_