

Heart of the Triad Quilt Guild  
 Quilt Show 2019  
**Expense Reimbursement Request**

Name: \_\_\_\_\_

Make Check Payable To: \_\_\_\_\_

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

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

- |                                |                                 |
|--------------------------------|---------------------------------|
| _____ Admissions               | _____ Raffle Quilt Tickets      |
| _____ Books/Magazines/Patterns | _____ Receiving Quilts          |
| _____ Challenge Quilt          | _____ Registration/Show Catalog |
| _____ Door Prizes              | _____ Ribbons                   |
| _____ Granny's Boutique        | _____ Setup/Takedown            |
| _____ Hospitality              | _____ Silent Auction            |
| _____ Judges                   | _____ Vendors                   |
| _____ Publicity                | _____ Volunteers                |
| _____ Quilt Entries            | _____ YLI                       |
| _____ Quilt Show Layout/Design | _____ Other (please describe)   |
| _____ Raffle Quilt Assembly    | _____                           |

Signature \_\_\_\_\_

Date \_\_\_\_\_

*Attach all original receipts to the back. Please make sure to clearly circle each item's amount that corresponds to the reimbursement request.*

Check Number: \_\_\_\_\_  
 Amount: \_\_\_\_\_  
 Date: \_\_\_\_\_  
 Data Entry: \_\_\_\_\_