

CAL – CO QUILTERS GUILD Request for Reimbursement

Please reimburse me for the expenses covered by attached receipts:

Type of Expense	Amount
_____	\$ _____
_____	_____
_____	_____
_____	_____

(Date) (Signature)

(Date) (Signature of Chairperson)

(For Treasurer's Use)
Check #: _____ Account Category _____
Date of Check: _____
_____ Mailed OR _____ Hand Delivered