

Tri-City Quilters' Guild Request for Reimbursement or Payment

Submitted By (please print): _____ Date: _____

Check One: () Request for Reimbursement of Expenditure I made personally* (receipt attached)
() Approval for Payment to a TCQG Supplier (invoice attached)

Committee/Category/Purpose: _____

Payable To: _____

Mailing Address: _____

Payment is requested for the following expenditures on behalf of the Guild:

Item(s) Purchased	TCQG Budget Category	Amount
		\$
Total Payment Requested		\$

*By signing below, I represent that I am requesting to be reimbursed for authorized goods and/or services purchased solely for the Tri-City Quilters' Guild and not for my own personal use. Additional information may be provided below.

Signature: _____ Date: _____

Officer or Committee Chair Responsible for TCQG Budget Category: _____

Approval: _____ Date: _____

ALL Requests MUST BE SUBMITTED WITHIN 45 DAYS OF EXPENDITURE OR BE PRESENTED TO THE BOARD FOR APPROVAL

Any other relevant information: _____



For Treasurer's Use:

Paid to: _____

Check No.: _____

Date: _____