

# Cotton Boll Quilt Guild

## Expense Reimbursement Form

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

Requested By: \_\_\_\_\_

Mail: Yes \_\_\_\_\_ No \_\_\_\_\_

Address if mailed: \_\_\_\_\_

Description of Expense	Amount
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

### Treasurer Use Only

Check Number \_\_\_\_\_ Amount \_\_\_\_\_ Date \_\_\_\_\_

Category / Purpose \_\_\_\_\_

Approved by \_\_\_\_\_

**Please attach all receipts, invoices or other pertinent documents to this form**