

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 the form.