



# Raincross Quilt Guild Reimbursement/Check Request Form

**APPROVAL FOR EXPENSE MUST BE APPROVED PRIOR TO EXPENDITURE.**

**ORIGINAL RECEIPTS REQUIRED FOR REIMBURSEMENT.**

**RECEIPTS MUST BE ATTACHED TO THIS FORM.**

Event for which expenses were incurred: \_\_\_\_\_

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

Submitted by: \_\_\_\_\_

PLEASE MAKE CHECK OUT TO: \_\_\_\_\_  
(name)

<u>Amount Requested</u>	<u>Description of Expense</u>	<u>Total</u>

*Please keep a copy for your records.*

.....  
(For Treasurer to Complete)

Check #: \_\_\_\_\_ Date: \_\_\_\_\_

Mailed or Delivered \_\_\_\_\_ updated 7/24