

HEARTS AND HANDS/ECA QUILTERS GUILD
REQUEST FOR REIMBURSEMENT

DATE	ITEM OR REASON	AMOUNT	COUNTY

I request reimbursement for \$_____ that I certify that I have spent on behalf of the Hearts and Hands/ECA Quilters Guild. All required receipts are attached.

Person requesting reimbursement – Full Name and Signature

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1. Fill out the request for reimbursement form. Write in the date purchased, item or reason, the amount and the location where the item was purchased.
 2. Attach all your receipts. Circle all items that were purchased for the Guild. If it is the entire amount, simply circle the total.
 3. Please do not hold receipts. You can bring your form to any meeting or mail it to me:

Patricia Poulson
(See roster for mailing address)

Date Paid

Check #