

Honeybee Quilters Seminars, Inc.  
Reimbursement Request Form

Date \_\_\_\_\_

Person Requesting \_\_\_\_\_

Make check payable to \_\_\_\_\_

Retreat expense:    yes \_\_\_\_\_                  no \_\_\_\_\_

Reason for expense (or list of receipts)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please sign receipts or sign here: \_\_\_\_\_

Please turn in this request to the treasurer as soon as possible after purchase.

Check number issued \_\_\_\_\_

Check Date \_\_\_\_\_