

# Valley Quilt Guild of Tuscarawas County, Ohio

# Expense Reimbursement Form

Expense Period: \_\_\_\_\_ to \_\_\_\_\_

Member Name / Requestor: \_\_\_\_\_

Committee Chair: \_\_\_\_\_

Committee: \_\_\_\_\_

### Itemizes Expenses

Date	Description	Amount
<b>TOTAL</b>		<b>\$</b>

**Don't forget to attach receipts!**

\_\_\_\_\_  
Member / Requestor Signature Date

\_\_\_\_\_  
Committee Chair Approval Signature Date

\_\_\_\_\_  
To be completed by Treasurer:

Reimbursement issued: \_\_\_\_\_

Check No. \_\_\_\_\_ Amount \$ \_\_\_\_\_

Payee \_\_\_\_\_