League of Northern Colorado Quilters (LNCQ) **Calendar Year_____**
Expense Reimbursement Form

This form must be approved and signed by the President or 1st Vice President

Name: _____

Mailing address: _____

Phone: _____ Email Address: _____

Committee/Project: _____

Description of expenses: Amount

1. _____ _____
2. _____ _____
3. _____ _____
4. _____ _____

Total Amount _____

_____ _____
Signature of Requestor Date **Signature of President or 1st VP** Date

Complete for vendor payment only: Name: _____
Address: _____
Contact name & Phone No: _____

For LNCQ use only: Date received:_____ Date paid out:_____ LNCQ check #:_____

Notes: _____

_____

ORIGINAL receipts must accompany this completed form. Tape small receipts to back of form and use extra blank pages, if necessary.

Hand-deliver or mail to the attention of either President or VP President. If already approved to Treasurer

LNCQ
PO Box 272593
Fort Collins CO 80527

Revised 12/2022