

INSTRUCTIONS FOR EXPENSE REIMBURSEMENT FORM

There are 2 kinds of Expenses...those that reimburse you for items you purchased on behalf of the Guild and those that you are requesting the Guild to pay to another individual or business such as program lecturers and retreat venues, etc.

Reimbursement to you: (see Example A, attached)

Be sure to include your name, address, email address and phone number at the top of the form. The check will be mailed to this address and the email and phone are necessary if there are any questions.

State the Committee or Project that the expense is associated with.

List each receipt and fully explain why it was purchased. If there are multiple items/receipts, provide a grand total to be reimbursed.

For small receipts, please tape these to the back of the form. Use additional blank pages if necessary. Full page invoices or receipts can just be included in addition to the form. (This is a new instruction because we are now scanning all documents into the Google Drive for record-keeping purposes.)

Hand-deliver or mail to the President of 1st Vice President for their signature. They will sign and forward all to the Treasurer.

Vendor Payments: (See Example B, attached)

Your name, email address, and phone number should be filled in at the top You are the Requestor and the person to contact with any questions.

State the Committee or Project that the expense is associated with.

List the Invoice or item to be paid and the amount.

Include the name, address, contact name and phone number of the individual or company to be paid. The included invoice can be handwritten but if so, it must be signed by them. Their name, address, and phone number should also be shown on the invoice.

For small invoices or receipts, please tape these to the back of the form. Use additional blank pages if necessary. Full page invoices or receipts can just be included in addition to the form. (This is a new instruction because we are now scanning all documents into the Google Drive for record-keeping purposes.)

Hand-deliver or mail to the President of 1st Vice President for their signature. They will sign and forward all to the Treasurer.

Example A

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

Calendar Year 2023

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

Name: Melanie Evans

Mailing address: (home or p.o. box written here)

Phone: (xxx)-xxx-xxxx Email Address: Membership.LNCQ1996@gmail.com

Committee/Project: Membership Expense

Description of expenses:	Amount
1. <u>Office Depot: Nametag Labels + Pens</u>	<u>\$15.42</u>
2. _____	_____
3. _____	_____
4. _____	_____
Total Amount	<u>\$15.42</u>

(Sign!) _____ (date!) _____
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

Example B

League of Northern Colorado Quilters (LNCQ)
Expense Reimbursement Form

Calendar Year 2023

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

Name: Joan Fulton

Mailing address: _____

Phone: (xxx) xxx-xxxx Email Address: Programs.Vice.President.LNCQ@gmail.com

Committee/Project: February Program

Description of expenses:	Amount
1. <u>Jenny Doan Program Lectures</u>	<u>\$ 750.00</u>
2. <u>Jenny Doan Program Workshop</u>	<u>\$ 800.00</u>
3. <u>Travel Expenses</u>	<u>\$ 1000.00</u>
4. _____	_____
Total Amount	<u>\$2500.00</u>

(Joan sign!) _____ (Joan date!) _____
 Signature of Requestor Date Signature of President or 1st VP Date

Complete for vendor payment only: Name: Jenny Doan
 Address: % MSGC 114 N Davis St. Hamilton MO 64644
 Contact name & Phone No: (888) 571-1122

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

Notes: W-9 from vendor is attached.

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
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