



Expenditure/Reimbursement Form

Name: _____

Street: _____

City, State, ZIP _____

Phone: (____) _____ Date: ____/____/____
MM DD YY

Requested by Signature: _____

CAMEO Quilters Guild will NOT make reimbursement payments without an invoice or receipt. Keep a copy for your records.

Ledger #	Amount	Description	Posted

Check # _____ Date: ____/____/____ Amount \$ _____
MM DD YY

EXPENSE ACCOUNT CODES:

230

240-Charity Supplies

246-Charity Day

250-Correspondence

250.1-Office Supplies

250.2-Copy-Print

250.3-Postage

260-Door Prizes

270

280-Fund Raising

290-Hearts & Hugs

300-Hospitality

310-Insurance

320

330-Lic-Fee-Dues

340-Membership

340.1-Office Supplies

342-Copy-Print

343-Postage

350-Misc Board

350.1-Office Supplies

350.2-Copy-Print

350.3-Postage

354-RAofK

360-Newsletter

360.1-Office Supplies

360.2-Copy-Print

360.3-Postage

360.4-Slip of the Keyboard

380-Nonprofit Gifts

390-President's Quilt

400-Programs

400.1-Office Supplies

400.2-Copy-Print

400.5-Speaker-Meet

400.6-Speaker-Work

407-National Quilt Day

410-Property

420-Publicity

420.2-Copy-Print

420.3-Postage

430-Rental

435-Meetings

436-Workshops

437-Quilt Classes

440-Research & Info

450

460

470-Retreat

470.1-Lodging

470.2-Prizes

470.3-Food

470.4-Mystery Quilt

480-Website