

# SHERWOOD PARK QUILT GUILD

## REIMBURSEMENT OF EXPENSES

Name:	_____
Address:	_____
Phone:	_____
Committee	_____
Date:	_____

A RECEIPT AND/OR INVOICE MUST BE PROVIDED FOR EACH AMOUNT BELOW

Description of Items or Services

	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
Total	\$

<b>Authorized By:</b> _____
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To be Completed by Treasurer

Rcpts/Inv: Yes	No
Cheque #:	
Date:	