Flying Needled Quilt Guild, Inc.

REQUEST FOR PAYMENT / REIMBURSEMENT

Nan	ne:	Date:
Amo	ount Requested:	
Com	mittee/Activity:	
Requ	uest for <u>Paymen</u>	Describe in Detail who to pay, for what purpose, when payment is due how much to pay, for how many, etc. PLEASE SIGN YOUR REQUEST.
Requ	uest for <u>Reimbu</u>	sement: Describe what was purchased and attach all receipts. If no receipt is available, write a description and sign your statement.
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		Signature:
		TREASURER'S USE ONLY
	Date Paid: _	Check # Initials: