

# Sherman Quilt Makers Guild

## Reimbursement/Payment Request Form

Please use this form when requesting reimbursement from the Treasurer. Keep a copy for your records. **You must attach the original receipt/invoice to document the expense.**

Date \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Budget Area: (Membership, Program, newsletter, etc.) \_\_\_\_\_

Description of the Expense:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Total # of Receipts: \_\_\_\_\_

Amount to be reimbursed: \$ \_\_\_\_\_



Treasurer Use:

Date Received: \_\_\_\_\_

Date Paid: \_\_\_\_\_

Check Number \_\_\_\_\_

Date Entered into Spreadsheet: \_\_\_\_\_