

Expense Reimbursement Form
Raintree Quilters Guild, Inc., Evansville IN

Name (please print) _____

List items purchased and reason _____

Total Reimbursement Amount _____

Please attach receipts or bills to this form.

I am submitting the following for reimbursement of expenses or bill to be paid on behalf of Raintree Quilters Guild, Inc.

Signature _____ Date _____

Committee _____ Committee Chair Signature _____

Check correct EXPENSE category:

Table with 4 columns: Expense Category, Expense Category, Expense Category, and Quilt Show Expense. Rows include Angel Quilts Expense, Asset Expenses, Block of the Month Expense, etc.

Make check payable to _____

Approval Signature/Date _____

Check number _____ Date _____