

# COACHELLA VALLEY QUILT GUILD

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## Request for Reimbursement

Payable to: \_\_\_\_\_

Amount Payable: \_\_\_\_\_

Date of Purchase: \_\_\_\_\_

Description of Expense: \_\_\_\_\_

\_\_\_\_\_

Requested by: \_\_\_\_\_

\*\*\*\*\*For Guild Records\*\*\*\*\*

Date paid by Check \_\_\_\_\_ Check Number \_\_\_\_\_

Date paid by Credit Card \_\_\_\_\_ Signed by \_\_\_\_\_

Date approved by Board (if applicable) \_\_\_\_\_

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