

COACHELLA VALLEY QUILT GUILD

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) _____
