

# Tri-City Quilters' Guild

## Request for Reimbursement or Payment

Submitted By (please print): \_\_\_\_\_ Date: \_\_\_\_\_

Check One:     Request for Reimbursement of Expenditure I made personally\* (receipt attached)  
                    Approval for Payment to a TCQG Supplier\* (invoice attached)

Committee/Category/Purpose: \_\_\_\_\_

Payable To: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Payment is requested for the following expenditures on behalf of the Guild:

Item(s) Purchased	TCQG Budget Category	Amount
		\$
Total Payment Requested		\$

\*By signing below, I represent that I am requesting to be reimbursed for authorized goods and/or services purchased solely for the Tri-City Quilters' Guild and not for my own personal use. Additional information may be provided below:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Officer or Committee Chair Responsible for TCQG Budget Category: \_\_\_\_\_

Approval: \_\_\_\_\_ Date: \_\_\_\_\_

**All Requests MUST BE SUBMITTED WITHIN 45 DAYS OF EXPENDITURE OR BE PRESENTED TO THE BOARD FOR APPROVAL**

Any other relevant information:



For Treasurer's Use:

Paid to: \_\_\_\_\_

Check No.: \_\_\_\_\_

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