

Tri-City Quilters' Guild—Request for Payment

Submitted By (please print): _____ Date: _____

Committee/Category/Purpose: _____

ALL BILLS MUST BE SUBMITTED WITHIN 45 DAYS OF EXPENDITURE OR BE PRESENTED TO THE BOARD FOR APPROVAL

Payable To: _____

Mailing Address: _____

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

Item(s) Purchased	Purpose or Event TCQG Budget Category (if known)	Amount
		\$
Total Payment Requested		\$

- Attach cashier's receipt for each expenditure.
- Give form with attachments to the Guild Treasurer.

Thank you for your service to Tri-City Quilters' Guild!

Treasurer: Date Paid _____ Check No. _____ Paid by _____ Budget Category _____
 QB ___ CB ___ Budget ___ QS Budget _____

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