



Oregon Coastal Quilters Guild

Check Request or Expense Reimbursement

Committee Name _____
(Committee name)

Expenses for (month[s]): _____

Item purchased	Where Purchased	Purchased By	Cost of Item**
Total of Purchases :			\$

*Request Submitted By: _____ Date: _____
Requesting Member's Signature M/D/Y

*Request Approved By: _____ Date: _____
Committee Chairman's or Officer's Signature M/D/Y

*Requester and Approver may not be the same person

Date request paid: _____ Check paid to: _____
M/D/Y Member's or Vendor's Name

Check number: _____

****ATTACH RECEIPTS TO REQUEST FOR REIMBURSEMENT!!**
 Keep a copy for committee's records.