



# Oregon Coastal Quilters Guild

## Request for Reimbursement for Expenses

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

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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.