

Edmond Quilt Guild

Expense Reimbursement Claim Form

Person or Business to be paid: _____

Address to send check if mailed: _____

Requested by: _____ Date: _____

Name of Committee/Group: _____

*Receipts Attached: YES or NO # of pgs. Including cover: _____

*Attach a copy of the receipt(s) and/or invoice and/or credit card statement. Important!

Description of Expenses:	Amount \$:
Total Amount Claimed:	\$

Approved by: _____

Check # _____ Check Amount \$ _____ Date Paid _____