Mudsock Quilters Guild

Reimbursement Request

Person Making Request:		Date:
Name:		
Address:		
City:	Zip:	
Amount Requested:		# of Receipts:
Please explain purpose of expens	se below:	
Category to be Charged:		
☐ Block of the Month		
☐ Charity - Children		
☐ Charity - Community		
☐ Charity – Other		
☐ Fundraising – Steals and Deals	3	
☐ Hospitality		
□ Membership		
□ Postage		
☐ Programs/Workshops		
☐ Quilt Show		
☐ Retreat/Bus Trip		
☐ Skill Builders		
□ Website		
□ Other (please explain)		
Approved by Committee Chair or Officer		Date:
Reimbursement Date:	by	, Treasurer with Check Number:

Receipts Attached: YES NO