

# Etowah Valley Quilt Guild Check Request or Reimbursement Form

## REQUESTOR FILLS IN THIS SECTION

**Please print clearly**

Date of Request: \_\_\_\_\_ Receipts/Invoice (Y/N): \_\_\_\_\_

Person Requesting: \_\_\_\_\_ Your Phone#: \_\_\_\_\_

Make Check Payable to: \_\_\_\_\_

Amount of check: \$ \_\_\_\_\_

Committee: \_\_\_\_\_ Event: \_\_\_\_\_

Purpose (be specific): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature of Requestor: \_\_\_\_\_

Note: Receipts or invoice must be attached. For lectures/teachers, attach copy of contract that shows cost.

Committee Chair Approval: \_\_\_\_\_ Date: \_\_\_\_\_

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FOR TREASURER'S USE ONLY

Date Issued: \_\_\_\_\_ Check #: \_\_\_\_\_ Amount of check: \$ \_\_\_\_\_

Charged to what budget item: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_