Farmington Valley Quilters

Expense Reimbursement Request Form

*** RECEIPTS MUST BE INCLUDED ***

Date: _____ Member Name: _____

Items below should be debited from the following budget line item: _____

Items for reimbursement:

Item	*Description*	*Amount*
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
Total Reimbursement Requested		

Reimbursement checks will be made payable to the member name listed above, unless otherwise noted.

Please submit completed form and receipts to Lauren Elliott, Guild Treasurer, by one of the three following ways:

1. Hand-deliver in person
2. Mail to the Guild P.O. Box – P.O. Box 172, Weatogue CT 06089
3. Mail to Katha Kerr, 92 Barbourtown Rd, Canton CT 06019.

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