



PO Box 43 Standard, CA 95373
www.sierraquiltguild.com

EXPENSE REIMBURSEMENT FORM

DATE OF REQUEST _____

WRITE CHECK PAYABLE TO: _____

REQUESTED BY: _____
(Fund Raiser/Committee)

APPROVED BY: _____
(Committee Chairman)

AMOUNT OF EXPENSE _____

WHAT WAS THE MONEY SPENT ON? (Please give detail explanation)

RETURN CHECK TO REQUESTER? YES ___ NO ___

MAIL CHECK TO: YES ___ NO ___

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

PLEASE ATTACH ALL RECEIPTS WITH REQUEST