Quilt Guild of Greater Victoria, Inc.

Expense Reimbursement/Payment Request Form

Please complete this sheet for *every* request for payment.

Date you are submitting request_____

Name_____

Committee or Special Event_____

Description_____

Item(s)_____
(attach receipt(s) to back of this form)

ITEM	AMOUNT
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
TOTAL	_____

Submitter's Signature_____

Date Paid_____

Check Number_____

By_____

Authorized and Approved by_____