

# Farmington Valley Quilters

## Expense Reimbursement Request Form

**\*\* RECEIPTS MUST BE INCLUDED \*\***

Date: \_\_\_\_\_ Member Name: \_\_\_\_\_

Member Mailing Address: \_\_\_\_\_

Items below should be debited from the following **Expense Category** \*: \_\_\_\_\_

**Items for reimbursement:**

<b>Item</b>	<b>Description</b>	<b>Amount</b>	<b>BAN **</b> <i>(Treasurer will assign BAN)</i>
1			
2			
3			
4			
5			
6			
7			
8			
<b>Total Reimbursement Requested:</b>			

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

Please submit completed form and receipts to the FVQI Treasurer by one of the two following ways:

1. Hand deliver in person at a monthly meeting, when held.
2. Mail to the FVQI:

Farmington Valley Quilters  
Attention: Guild Treasurer  
P. O. Box 172  
Weatogue, CT 06089

**\* Please state which Expense Category the reimbursement applies: Operating, Member Services, Programs & Events, or Donations.**

**\*\* The Guild Treasurer will assign the correct Budget Account Number (BAN).**

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