



Rhododendron Needlers Quilt Guild Reimbursement Form

Please fill out this form and submit to RNQG Treasurer with all receipts attached.

Please keep a copy for your own records!

Committee: _____ **Date:** _____
(month / date / year)

Name: _____ **Phone:** _____

Address (if reimbursement is to be mailed to you):

Expense Details:

Item	Purpose	Amount

Reimbursement Total: _____

Treasurer: *Fill out below and hold for RNQG treasury records.*

Reimbursement issue date: _____ **Check #:** _____

Notes: _____

