

PQG Reimbursement/Payment Request

Directions: Complete the top half of the form, attach receipts/bills and submit to your Committee Chair

| | |
|--------------------------------------|---|
| Payee (fill out one sheet per payee) | Address if you want treasurer to mail check (other wise will bring check to next meeting) |
|--------------------------------------|---|

Committee: Check one

- | | | | |
|--|--------------------------------------|---|---------------------------------------|
| <input type="checkbox"/> Block of Month | <input type="checkbox"/> Hospitality | <input type="checkbox"/> Newsletter | <input type="checkbox"/> Show: |
| <input type="checkbox"/> Challenge | <input type="checkbox"/> Library | <input type="checkbox"/> Op. Quilt Production | <input type="checkbox"/> Sunshine |
| <input type="checkbox"/> Community Serv. | <input type="checkbox"/> NCQC | <input type="checkbox"/> Programs | <input type="checkbox"/> Ways & Means |
| <input type="checkbox"/> Historian | <input type="checkbox"/> Membership | <input type="checkbox"/> Sew & Sew Raffle | <input type="checkbox"/> Workshops |
| <input type="checkbox"/> Other: | | | |

I am submitting receipt/bills for purchases in the amount of:

\$

Itemize receipts or payment request:

| Purchased from | Amount | Items purchased/Purpose |
|----------------|--------|-------------------------|
| | \$ | |
| | \$ | |
| | \$ | |
| | \$ | |
| | \$ | |

Committee Chair or Designee

Directions: Review expenditure(s) and approve for reimbursement. Ensure that committee expenditures are within the approved budget. If not, advise the Executive Board. Remove bottom of this form and keep with committee records. The Treasurer must be notified by the Committee Chair if a Designee will be approving reimbursements for the committee.

Committee Chair or Designee Approval: _____ Date: _____

Request submitted to: _____ Date: _____ Method: _____

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PQG Reimbursement/Payment Request

Fill out the following and keep with committee records

Date submitted:

Request for Payment to:

Purpose of payment:

Amount: