



EAST COBB QUILTERS' GUILD

Expense Reimbursement/Payment Request

DATE	COMMITTEE	DESCRIPTION	AMOUNT

TOTAL DUE

If you are requesting reimbursement, attach receipts.
 If you are requesting payment, attach invoice.

PRINT PAYEE NAME: _____

ADDRESS: _____

Mail to Payee? Yes No

SIGNATURE*: _____ Date _____

**Your signature implies that chairperson of above committee approves the expenditure.*

ECQG Treasurer:
 Carolyn Powers cwpowers@hotmail.com
 10575 Roxburgh Lane 770-442-0309
 Roswell, GA 30076

For use by Treasurer
 Check #: _____
 Check Date: _____
 ECQG Exp Form 2010 cp 2/10