SLO QUILTERS

CHECK REQUEST

Attach your receipts and turn into the Treasurer for reimbursementof out of pocket expenses.
For preparation of checks for future programs, please attach signed contract and W9 Form.
Mileage is reimbursed at current federal mileage rate.

Committee: _____

Date Check Request Submitted _____

Date Check is Needed (if different): _____

Submiters Name: _____

Name to Appear on Check (if different): _____

ITEMIZED EXPENSES:

Description	Amount
TOTAL AMOUNT ON THE CHECK	$0.00

Date Paid: _____ Check Number: _____