

SLO Quilters

Reimbursement Receipt

Attach your receipts and turn in to the Treasurer for reimbursement of out of pocket

expenses. Submittal Date: _____

Submitter's Name: _____

Committee: _____

Date Paid: _____ Check Number: _____

Itemized Expenses

Amount	Description
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

_____ TOTAL REIMBURSEMENT REQUESTED