



North Georgia Knitting Guild Expense Reimbursement Form

Make check payable to:

Name _____

Address _____

City, State, Zip _____

Phone _____ Email _____

Name of Event _____ Date of Event _____

Date	Vendor Name	Description	Budget Line Item	Amount
Total Reimbursement				\$

****See current budget for line item/account number to be charged.****

Submitted by: _____ Date _____
Committee Chairperson

Approved by: (1) _____ Date _____
President

(2) _____ Date _____
First VP

Attach original receipts for expenses

Received by Treasurer _____
Initials/Date

Board approval required for expenses over budgeted amounts.

Date of Board Approval _____

Date of Issuance _____
 Check # _____