



Guild Debit Card Expenditure Form

Vendor Name: _____

Address: _____

City, State, Zip: _____

Phone: _____ Email: _____

Date	Description	Budget Line Item/Acct #	Amount
Total Expense			\$

**** See current Budget for Line Item/Acct # to be charged. ****

**** Attach original receipts. ****

Expense Incurred by: _____ Date: _____

Committee Chair **OR** Executive Board Member Title: _____

Received by Treasurer: _____ Date: _____

Board approval required for expenses over budgeted amounts. Date of NGKG Board Approval: _____