



# Reimbursement – Check Request Form

North Idaho Quilters  
PO Box 777  
Hayden Lake, ID 83835

Date \_\_\_\_\_

Name of Person Making Request \_\_\_\_\_

Committee Chair approval signature \_\_\_\_\_

Department (please circle one)

Activity Days  
Community Service  
Directory  
Historian  
Hospitality

Library  
Membership  
Newsletter  
Office Supplies  
Programs/Workshops

Quilt Show  
Raffle Quilt  
Rental Expense  
Retreats

OTHER (specify) \_\_\_\_\_

ITEM(S) PURCHASED \_\_\_\_\_

Date of Purchase	Where Purchase was Made	Amount
<b>TOTAL</b>		

## TO WHOM REIMBURSEMENT OR PAYMENT IS TO BE SENT

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

### TREASURER USE ONLY

DATE \_\_\_\_\_

AMOUNT \_\_\_\_\_

CHECK # \_\_\_\_\_

**\*\*PLEASE ATTACH RECEIPTS TO REVERSE SIDE OF THIS REQUEST FORM**