



SILVER CITY QUILT GUILD PURCHASE ORDER / REIMBURSEMENT FORM

MUST BE SUBMITTED TO THE GUILD TREASURER WITHIN 30 DAYS OF EXPENDITURE

Guild Team/Committee. : _____

Your Name: _____ Phone : _____

Date of Request: _____

Make Check Payable To: _____

Was this item budgeted for? _____

Your Address if reimbursement is to be mailed to you:

Item(s) Purchased:

Amount

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Total: _____

PLEASE ATTACH ALL RECIEPTS

This portion is to be completed by the Treasurer:

Date Paid: _____

Check No.: _____

Comments:

