

QAC Expense Reimbursement Form

Name _____

Address _____

City, ST Zip _____

Phone _____

Specify category:

Admin (Awards, Postage, Printing, Directory, Office Supplies, Memorials, Newsletter, Sunshine)

Charitable Causes

Educational Programs (Speaker, Workshop)

Facilities

Projects (Calendars, Challenge Quilt, QAC Library, Tree/Bear Quilt)

Date	Category	Description	Cost
	Reason for lack of purchase receipt:		
Reimbursement Total			

Don't forget to attach receipts!

Signature

Date

- Approved by Executive Board on
- Approved by previous Board Action to proceed with project
- Approved Budget Category

Check Number _____

