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 _____

Revised 3/8/2025