

From: Janet W. Chevan  
337 Spencer Drive  
Amherst, MA 01002

Check # \_\_\_\_\_

Date \_\_\_\_\_

## Hands Across the Valley Quilters Guild Expense Reimbursement Form

List the items you wish to be reimbursed for. **Staple receipts to this form.** Thank you.

Date	Company	Item(s)	Amount

TOTAL \_\_\_\_\_

**Account/Purpose:** \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
address if you wish check to be mailed to you

\_\_\_\_\_