

Check # _____

Date _____

Hands Across the Valley Quilters Guild Expense Reimbursement Form

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

Date	Company	Item(s)	Amount

Total _____

Account: _____

Signature: _____ Date: _____

Address if you wish the check to be mailed to you.