



The Embroiderer's Guild of America, Inc.

Tennessee Valley Region—TVR Region

REQUEST FOR REIMBURSEMENT

Date submitted: _____ Amount requested: \$ _____

Requested by: _____

Office or Committee: _____

Pay to _____

Brief Explanation of Expense (receipts must be attached): _____

Signature _____

For Treasurer's Use Only

Approved by (President or Treasurer) _____

Paid

Check No.: _____ Date: _____ Total: _____

Accounts or Categories _____ Amount: _____

_____ Amount: _____

_____ Amount: _____

_____ Amount: _____

_____ Amount: _____