

**The Embroiderers' Guild of America, Inc.
Austin Stitchery Guild**

Reimbursement Request Form

Date submitted: _____

Submitted by: _____

Office/Committee: _____

Payable to: _____

Address: _____

Telephone Number: _____

Amount Requested: _____ (attach receipts)

Brief Explanation of expenses: _____

For Treasurer's, President's, or Region Director's use only

Approved by: _____
(Chapter President/Treasurer)

Date Approved: _____

Date Paid: _____

Amount Paid: _____

Check Number: _____

Charge to:	Account Name/Number	Amount
	_____	_____
	_____	_____
	_____	_____