

**THE EMBROIDERERS' GUILD OF AMERICA, INC.
LINCOLN NEEDLEWORKERS GUILD**

Reimbursement Request Form

Date Submitted _____

Amount requested \$ _____ (explain below and attach receipts)

Name _____

Office or committee _____

Address _____

Telephone _____

Brief explanation of expenses _____

-----**For treasurer's or president's use only**-----

Approved by _____
(chapter president/treasurer)

Date approved _____

Paid: Check No. _____ Date: _____ Amount: _____

Charge to:	Account name or Number	Amount
	_____	_____
	_____	_____
	_____	_____