

HEARTLAND REGION of THE EMBROIDERERS' GUILD OF AMERICA, INC.

SEMINAR 2006 (OMAHA, NE)

REQUEST FOR REIMBURSEMENT

Date _____ Amount _____

Requested by: _____

Committee _____

Please pay to: _____

(Name)

(Address)

(City, State, Zip)

(Telephone)

Brief Explanation With Receipts attached: (list telephone, postage, printing, etc.)

For Treasurer's Use

Approved: (by President or Treasurer) _____

Paid Check # _____ Date _____

Accounts or Categories _____