

APPENDIX F

EMBROIDERERS' GUILD OF AMERICA, INC.

OMAHA NEEDLE ARTIST CHAPTER 141

REQUEST FOR REIMBURSEMENT

Date \_\_\_\_\_ Amount \_\_\_\_\_

Requested by: \_\_\_\_\_

Office or Committee \_\_\_\_\_

Please pay to: \_\_\_\_\_  
(name)

\_\_\_\_\_  
(address)

\_\_\_\_\_  
(address) (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 \_\_\_\_\_