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| Receipt | | Description/Business Purpose of | | | | |
|---|---------|---------------------------------|--------|---------------------|--|--|
| Date | Vendor | Expense | Total | For Office Use Only | | |
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| | | Grand Total: | \$0.00 | | | |
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| Your Na | ime. | | | | | |
| Address/City/Zip: | | | | | | |
| Your Sig | | | | | | |
| Phone N | Number: | | | | | |
| Email: | | | | | | |
| * All expenses over \$50 must be pre-approved. (Board of Directors, Committee Chair or Treasurer). * All expenses must be documented & a receipt attached to the expense reimbursement request. * Submit completed form with supporting documents to Treasurer. *Expenses will be reimbursed within 2-weeks of date received. * The Guild is exempt from paying sales tax. Present a tax exemption certificate at time of purchase. Note: See Treasurer prior to your purchase for a an exemption certificate. * Failure to complete all blanks may result in a delay of your reimbursement. Date of Approval: | | | | | | |
| Approved by : | | | | | | |
| For Office Use Only - Date Paid: Check # | | | | | | |

Form revised 4.22.13