

Chesapeake Region Lace Guild

Reimbursement Request Form

Date Submitted: _____

Amount Requested: _____ (explain below and attach receipts)

Name: _____
(for check to be made out to)

Office or Committee: _____

Address for Mailing Check:

Telephone: _____

Brief Explanation of expenses: _____

-----For treasurer's use only-----

Approved by: _____
(chapter officer)

Paid: Check No. _____ Date _____ Amount _____

Charge to:	Account name	Amount
	_____	_____
	_____	_____
	_____	_____