



SRQG REIMBURSEMENT/DIRECT PAY REQUEST

Date: _____

Check #: _____

Make check payable to (please print): _____

Amount: _____

Receipt/invoice/bill must be attached. Receipts only: **circle the item and the amount.**

Reimbursement is for : _____

Please check appropriate budget category:

- | | | | | |
|---|---|--|--------------------------------------|-----------------------------------|
| <input type="checkbox"/> Block of the Month | <input type="checkbox"/> Fair Awards | <input type="checkbox"/> Membership | <input type="checkbox"/> Office | <input type="checkbox"/> TSW |
| <input type="checkbox"/> Boutique Sales | <input type="checkbox"/> Friendship block | <input type="checkbox"/> NCQC Travel | <input type="checkbox"/> Programs | <input type="checkbox"/> UFO/WIP |
| <input type="checkbox"/> Boutique Raffle | <input type="checkbox"/> Fundraiser | <input type="checkbox"/> Newsletter | <input type="checkbox"/> Sew-a-Row | <input type="checkbox"/> Web Site |
| <input type="checkbox"/> Challenge | <input type="checkbox"/> Hospitality | <input type="checkbox"/> Opportunity Quilt | <input type="checkbox"/> Sunshine | <input type="checkbox"/> Workshop |
| <input type="checkbox"/> Community Quilts | <input type="checkbox"/> Library | <input type="checkbox"/> Opp. Quilt Admin | <input type="checkbox"/> Other _____ | |

Requested by: _____

Signature of committee chair/event coordinator: _____

Requests for reimbursement should be submitted timely, preferably **within 30 days of the expense**, and must be approved by the committee chair or the event coordinator. Completed forms and receipts may be handed to the Treasurer, mailed, or scanned and submitted to the Treasurer as an email attachment. Reimbursements for expenses already incurred must be **submitted by the end of November**, and December expenses should be submitted right away, so that the books may close timely.



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