

EMBROIDERERS' GUILD OF VICTORIA

EXPENSE REIMBURSEMENT REQUEST

	Date:
	(MM/DD/YYYY)
Requester: (print name)	
vent / Function / Position: (print)	
Date: Description:	Cost:
•	
<u> </u>	Total amount to be reimbursed →
SIGN OFF Signatures Plea	age don't forget to attack your receiptel
SIGN OFF Signatures Flet	ase don't forget to attach your receipts!
vent / Function / Position / Coordi	nator Signature:
AND Requ	estor Signature:
	Internal use only
Submit To:	Received by:
EGV Treasurer	Treasurer initials
	GL Code: Cheque # issued:
	Date Cheque issued: