



**EMBROIDERERS' GUILD OF VICTORIA**  
**EXPENSE(s) For REIMBURSEMENT FORM**

Date: \_\_\_\_\_  
(MM/DD/YYYY)

Requester: (print name): \_\_\_\_\_

Event / Function / Position: (print): \_\_\_\_\_

Date:	Description of expense:	Cost:
	Payable to:	
	Total amount to be reimbursed →	

**Please attach all supporting documentation / receipts!**

**SIGN OFF Signatures**

Event / Function / Position / Coordinator Signature:

**AND** Requestor Signature:

Please Submit To:  
EGV Treasurer

Internal use only

Received by: _____	Treasurer initials
GL Code:	
Cheque # issued:	
Date Cheque issued:	