

Pine Tree Quilt Guild of Nevada County

GUILD CHECK

CHECK REQUEST

QUILT SHOW CHECK

Indicate Guild or Quilt Show above. Complete form and give to the applicable Treasurer whenever a payment request is submitted. **Attach all receipts for reimbursement or the original bill to be paid directly.** (One payee per form)

Amount Requested \$	Date
Make check payable to:	
Name:	
Address:	
Committee:	
Person Making Request:	
Committee Chair Signature:	
Please be specific what this check is to cover. List of expenditures. <i>Thank you!</i>	item(s) or service(s)or attach an itemized list
Use the back of form if mo	re space is required
For Treasurer's u	ise only:

Date:	Amount: \$	Account:	Check #:

	Pine Tree Quilt Guild of Nevad			
·		lete form and give to the applicable Treasurer Attach all receipts for reimbursement or the original m)		
Amount Requ	ested \$	Date		
Make check	bayable to:			
Name:				
Addres	s:			
Comm	ittee:			
Person	Making Request:			
Committee Chair Signature:				
Please be spe of expenditure		tem(s) or service(s)or attach an itemized list		
	Use the back of form if more	e space is required		

 For Treasurer's use only:

 Date:
 ______ Amount: \$_____ Account: _____ Check #: _____