Quilting Guild of The Villages

REQUEST FOR GUILD FUNDS Request for **Payment** must be made within 30 days of purchase.	
Date:	
Check one (1) box.	
☐	REQUEST FOR REIMBURSEMENT OF FUNDS SPENT
☐	OTHER:

This request will be reviewed, processed and mailed within seven (7) business days of its receipt, when all documentation is received**.**

Authorizing Chairperson's signature is required prior to submitting this request:

X_____

Person Requesting Funds	**PRINT CLEARLY**
Chapter:	
Name:	
Address:	Zip:
Email:	
Phone number:	Area code ( )

Attach the 'original purchase receipt' to this page for Reimbursement.

☐	**Check appropriate box** and provide information needed for payment. ☐ Check ☐ PayPal ☐ Other	
Purchased for this Guild Event	Event:	
	Purchase Description:	
	Purpose:	
	Chapter:	Make check payable to:
Total	$ _____	
Authorization Committee Chairperson	Committee/Program to be charged for funds:	
	Print last name:	*Signature:*
Requester's Signature	Print last name:	*Signature:*