

RIVER CITY QUILTERS' GUILD

Payment Voucher

Reimbursement requires that all receipts be attached to a Payment Voucher. Any non-budgeted request in excess of \$50.00 **MUST** be approved by the President of the Guild prior to submission for payment.

Date: _____ Phone # or E-mail: _____

Committee Name: _____

Name of Person requesting the payment: _____

Address: _____ City: _____ ZIP: _____

Please list item(s) purchased and purpose of purchase, also list Budget Code: **Price**

1. _____ \$ _____

2. _____ \$ _____

3. _____ \$ _____

4. _____ \$ _____

5. _____ \$ _____

6. _____ \$ _____

7. _____ \$ _____

Total Amount Requested: \$ _____

Approved by Committee Chair: _____ Date of Payment: _____ Check #: _____

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