

Guild of Quilters of Contra Costa County

Date: _____

Check one:
Reimbursement: _____ Advancement of Funds: _____

Please make a check payable to: _____
in the amount of: _____.

If this is a **reimbursement**, itemized receipts must be attached.

If this is an **advancement of funds**, please describe the activity: _____

Please submit the receipts from all expenditures for a final accounting of the activity. These are due to the treasurer not later than 30 days after the end of the activity.

Name of activity: _____

Authorized by (Committee chair): _____

Date Paid: _____ Check # _____

Treasurer's Signature: _____

Guild of Quilters of Contra Costa County

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