

American Sewing Guild, Inc.

EXPENSE REIMBURSEMENT FORM

NAME:		<i>To be completed by Treasurer</i>
ADDRESS		Form #
CAB POSITION		Paid by Check #
EXPENSES FROM:	To:	Date Issued:

Use committee position; payment will not be made if receipts are not attached

MILEAGE @ _____ PER MILE

Date	Committee:	Destination/Reason: # of miles	Amount
TOTAL AMOUNT			

POSTAGE

Date	Committee:	Description of item sent or purpose	Amount
TOTAL AMOUNT			

LONG DISTANCE TELEPHONE

Date	Committee:	Phone # and reason for call	Amount
TOTAL AMOUNT			

PRINTING/PHOTOCOPYING

Date	Committee:	Description of item & quantity	Amount
TOTAL AMOUNT			

SUPPLIES

Date	Committee:	Description of item & quantity	Amount

