

Embroiderers' Guild of America, Inc.

Request for Reimbursement/Payment

DATE: _____

SUBMITTED BY: _____ Office or Committee: _____

PAYEE: _____

Name

Street

City, State, Zip

Expense Category	Amount Requested	Receipts Attached yes/no	Budgeted Item yes/no	Account Treasurer's use
Total				

- ! This form must be used for all reimbursement/payment requests.
! Receipts must be attached with SR-EGA expenses marked. A postage receipt or log of all correspondence is acceptable.
! Any non-budgeted items or items over the budgeted amount must be approved in advance by the Sun Region Board.
! Send form with attached receipts to: **Kathy Singleton**

**Sun Region Treasurer
321 Beacon Pointe Dr
Ocoee, FL 34761**

rev: 12/17 (posted to website: 12-20-2017)

For Treasurer's use only	Date received: _____	Date paid: _____
Receipts attached: _____	Math checked: _____	Check # _____
Approved: _____	Posted: _____	Amount: _____