



Rhododendron Needlers Quilt Guild Reimbursement Form

Please complete this form and submit to RNQG Treasurer with all receipts attached.

Committee: _____ Date: _____
(month / date / year)

Name: _____

Address: _____

Check payable to: _____ TO BE MAILED
(Please)

Expense Details:

| Category | Purpose | Amount |
|----------|---------|--------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Total: _____

Treasurer
Karen LeBlanc
97 Anderer Lane, #307
West Roxbury, MA 02132
C# 617-320-2625

kmlatfdc@aol.com

Approved by: _____
(Name/Title)

RNQG use only:

Date Paid: _____ Check No: _____

Amount: _____