



The Peninsula Piecemakers Quilt Guild

Expense Voucher/Request for Reimbursement

Receipts are Required

Expense

Circle Account:

Exec Day Night

Date of Expense: _____ **Expense Amount:** _____
_____ Cash _____ Check _____ Charge

Reason for Expense: _____

Payment to:

Name: _____
Address: _____
Phone: _____
Email: _____

For Treasurer's Use ONLY:

Dated submitted to Treasurer: _____ Received by: _____, Treasurer
PPQG Check Number: _____ Budget Category: _____
PPQG Check Written by (Authorized Signer): _____
Cleared Bank (✓): _____ Inserted in Monthly Report (✓): _____



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