

San Diego Polymer Clay Guild Reimburse Form

All reimbursement must have prior approval or must be from committee heads for board approved budgets. Copies of receipts must accompany this form. All receipts must be submitted within 45 days unless other arrangements have been made. Please keep a copy for your records.

Total amount of reimburse \$ _____

Approval Signature: _____ or _____
President Committee Budget (i.e. Library)

Please break down by account (i.e. Library, Sandy Camp, Consignment Store, Publications, Fair Expense, Logo Products, General Office Expense, etc.). If unsure of account please contact treasurer at kasi.althaus@att.net.

<u>Account</u>	<u>Amount</u>
_____	_____
_____	_____
_____	_____

Reimburse to:

Name: _____

Address: _____

Phone #/E-mail _____

Checks will be mailed within 7 days of receipt, unless other arrangements have been made.

Treasurer Only Date Received _____

Notes

Check Issued

Number	Date	Mailed	Delivered in Person
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