

# 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](mailto: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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