American Sewing Guild, Inc.

EXPENSE REIMBURSEMENT FORM

|  |  |  |
| --- | --- | --- |
| NAME: |  | ***To be completed by Treasurer*** |
| ADDRESS |  | Form #  |
| CAB POSITION |  | Paid by Check # |
| EXPENSES FROM:  |  | To: | Date Issued: |

***Use committee position; payment will not be made if receipts are not attached***

MILEAGE @ \_\_\_\_\_\_\_\_\_\_\_\_\_ PER MILE

|  |  |  |  |
| --- | --- | --- | --- |
| Date | Committee: | Destination/Reason: # of miles | Amount |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  | **TOTAL AMOUNT** |  |

POSTAGE

|  |  |  |  |
| --- | --- | --- | --- |
| Date | Committee: | Description of item sent or purpose | Amount |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  | **TOTAL AMOUNT** |  |

LONG DISTANCE TELEPHONE

|  |  |  |  |
| --- | --- | --- | --- |
| Date | Committee: | Phone # and reason for call | Amount |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  | **TOTAL AMOUNT** |  |

PRINTING/PHOTOCOPYING

|  |  |  |  |
| --- | --- | --- | --- |
| Date | Committee: | Description of item & quantity | Amount |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  | **TOTAL AMOUNT** |  |

SUPPLIES

|  |  |  |  |
| --- | --- | --- | --- |
| Date | Committee: | Description of item & quantity | Amount |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  | **TOTAL AMOUNT** |  |

MISCELLANEOUS

|  |  |  |  |
| --- | --- | --- | --- |
| Date | Committee: | Description of item & quantity | Amount |
|  |  |  |  |
|  |  |  |  |
|  |  |  | **TOTAL AMOUNT** |  |

SUMMARY

|  |  |
| --- | --- |
| **Mileage Total** |  |
| **Postage Total** |  |
| **Long Distance Telephone Total** |  |
| **Printing/Copying Total** |  |
| **Supplies Total** |  |
| **Miscellaneous Total** |  |
| **(PAYMENT WILL BE MADE ONLY IF RECEIPT ATTACHED)** | **TOTAL AMOUNT DUE** | **$** |