American Sewing Guild, Inc. EXPENSE REIMBURSEMENT FORM

To be completed by Treasurer

NAME:

							_	
	ADDRESS				Form #			
	CAB POSITION					Paid by Check #		
	EXPENSES FROM	M:		То:		Date Issued:		
MILEAC	Use commi			nt will not be m	ade if recei	ots are not attached		
Date	Committee	Committee:		Destination/Reason: # of miles			Amount	
					Т	OTAL AMOUNT		
POSTA	GE							
Date	Committee:		Desc	Description of item sent or purpose			Amount	
					TC	OTAL AMOUNT		
LONG [DISTANCE TELEPHO	ONE		-				
Date	Committee	Committee:		Phone # and reason for call			Amount	
					TO	OTAL AMOUNT		
	NG/PHOTOCOPYING							
Date Committee:		:	Desc	Description of item & quantity			Amount	
					1			
					TOTAL	AMOUNT		
SUPPLI					•			
Date	te Committee:		Desc	Description of item & quantity			Amount	

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			TOTAL AMOUNT		
MICCELLA	NEOLIS		TOTAL AMOUNT		
MISCELLA		Description of items 0	A		
Date	Committee:	Description of item & quantity		Amount	
			TOTAL AMOUNT		
SUMMARY					
Mileage 1	Total				
Postage ²	Total				
Long Dis	tance Telephone Total				
Printing/0	Copying Total				
Supplies	Total				
Miscellan	neous Total				
(PAYMENT WILL BE MADE ONLY IF RECEIPT ATTACHED) TOTAL AMOUNT DUE					

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