

# American Sewing Guild, Inc.

## EXPENSE REIMBURSEMENT FORM

NAME:		<i>To be completed by Treasurer</i>
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
<b>TOTAL AMOUNT</b>			

**POSTAGE**

Date	Committee:	Description of item sent or purpose	Amount
<b>TOTAL AMOUNT</b>			

**LONG DISTANCE TELEPHONE**

Date	Committee:	Phone # and reason for call	Amount
<b>TOTAL AMOUNT</b>			

**PRINTING/PHOTOCOPYING**

Date	Committee:	Description of item & quantity	Amount
<b>TOTAL AMOUNT</b>			

**SUPPLIES**

Date	Committee:	Description of item & quantity	Amount
<b>TOTAL AMOUNT</b>			

**MISCELLANEOUS**

Date	Committee:	Description of item & quantity	Amount
<b>TOTAL AMOUNT</b>			

**SUMMARY**

<b>Mileage Total</b>	
<b>Postage Total</b>	
<b>Long Distance Telephone Total</b>	
<b>Printing/Copying Total</b>	
<b>Supplies Total</b>	
<b>Miscellaneous Total</b>	
<b>(PAYMENT WILL BE MADE ONLY IF RECEIPT ATTACHED)</b>	<b>TOTAL AMOUNT DUE</b> \$

Submitted by \_\_\_\_\_

Date \_\_\_\_\_

Approved by \_\_\_\_\_

Date \_\_\_\_\_