CROSSTOWN QUILTERS

Request for Payment of Expense

Date _____

Requested by _____

Committee _____

Purpose (budget line) _____

Amount to be paid _____

Check payable to: _____

[ ] Give to *-or-*
[ ] Mail to (*full address*): _____

_____

_____

List items to be paid & attach receipt(s) to this form:

President's approval for items over $100:_____

_____

Treasurers use only

Date *Amount* *Check #*