

**THE EMBROIDER'S GUILD OF AMERICA, INC.
MARIN GOLDEN THREADS CHAPTER, EGA
REQUEST FOR REIMBURSEMENT**

Date _____ Amount \$ _____

Requested by: _____

Office or Committee _____

Please pay to:

Name: _____

Address: _____

Address: _____

Phone: _____

Brief Explanation **(WITH RECEIPTS ATTACHED)**

(List telephone, postage, printing, etc.)

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For Treasurer's Use

Approved by (President or Treasurer) _____

Paid Check # _____ Date _____ Total \$ _____

Categories _____ Amount \$ _____

_____ Amount \$ _____

_____ Amount \$ _____