

Spokane Valley Quilters Guild Expense Voucher

Date: _____

Committee or Office to be charged: _____

Total amount budgeted: _____

Balance to date: _____

Balance after this payment: _____

Pay to: Name: _____

Address: _____

A receipt is required for all expenditures over \$10.00 and an itemized listing of all expenses under \$10.00 (with receipts, if available) for reimbursement. Expenses outside the budget will be handled in the following way. Expenses up to \$10.00 approved at the discretion of the President, expenses over \$10.00 and up to \$50.00 approved at the discretion of the Board, and expenses over \$50.00 recommended by the Board to the membership for approval.

Item	Purpose	Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total: _____

Signed: _____

Date: _____

Mail to: Spokane Valley Quilters Guild
POB 13516
Spokane Valley, WA 99213

BE SURE TO KEEP A COPY FOR YOUR RECORDS

Date Paid: _____

Check#: _____