



Embroiderers' Guild of America, Inc.

Show-Me Stitchers Chapter

Request for Reimbursement

Date: _____

Amount: \$ _____

Requested by: _____

Office or Committee: _____

Please pay to: _____

Brief explanation with Receipts attached:

For Treasurer's Use

Approved: (by President or Treasurer) _____

Paid Check # _____ Date _____