

ILLINOIS QUILTERS, INC. REIMBURSEMENT REQUEST

Name:
Address:
City/State/ZIP:
Email Address:

RECEIPTS MUST BE ATTACHED FOR PAYMENT

Please note: no payments for services can be made unless a valid W-9 form is on file
Description

Amount

Date of Expense

\$

\$

\$

\$

\$

TOTAL

\$

Mail or give this form to: Mario Alonso
6225 N. Kenmore Ave. Chicago, IL 60660

Office Use only:

Date Recd:

Date Paid:

Amount:

Check#