

	ILLINOIS QUILTERS, INC.		
	REIMBURSEMENT REQUEST		
REQUESTED BY:			
NAME:			
ADDRESS:			
CITY/STATE/ZIP:			
EMAIL ADDRESS:			
PAYABLE TO:			
ATTN. OF:			
ADDRESS:			
CITY/STATE/ZIP:			
DELIVERY:			
RECEIPTS ATTACHED.			
DESCRIPTION		AMOUNT	DATE OF EXPENSE
	TOTAL		
GIVE THIS FORM TO THE TREASURER AT A MEETING			
OR MAIL TO:	ILLINOIS QUILTERS		
	attn: TREASURER		
	P.O. BOX 39		
	WILMETTE, IL 60091		
Office use only:			
Date Received		Date Paid:	
Amount		Check #	