



Paid with Check# _____ Date _____ Amount _____

BEACH CITIES QUILTERS GUILD

REQUEST FOR DISBURSEMENT OF FUNDS

FROM GUILD REP:

JOB OR DESCRIPTION:

DATE:

Select One:

Expenditure(s):

DATE	VENDOR	ITEM	AMOUNT

email _____
phone _____

Total: \$ _____ -

Pay To:	Name	_____
	Address	_____
	City, Zip	_____

Attach all receipts to the back of this form. Keep a copy of this form for your records.

Taxpayer ID # (SSN) must be on file for all Independent Contractors (Speakers).