

***Embroiderers' Guild of America, Inc.***  
**Request for Reimbursement/Payment**

DATE: \_\_\_\_\_

SUBMITTED BY: \_\_\_\_\_ Office or Committee: \_\_\_\_\_

PAYEE: \_\_\_\_\_

Name

Street

City, State, Zip

| Expense Category                   | Amount Requested | Receipts Attached<br>yes/no | Budgeted Item<br>yes/no | Account<br>Treasurer's use |
|------------------------------------|------------------|-----------------------------|-------------------------|----------------------------|
| Telephone                          |                  |                             |                         |                            |
| Postage                            |                  |                             |                         |                            |
| Printing/copying                   |                  |                             |                         |                            |
| Supplies                           |                  |                             |                         |                            |
| Teaching Fees<br>(Attach contract) |                  |                             |                         |                            |
| Kit fees                           |                  |                             |                         |                            |
| Travel                             |                  |                             |                         |                            |
| Lodging                            |                  |                             |                         |                            |
| Per diem                           |                  |                             |                         |                            |
| Other (itemize below)              |                  |                             |                         |                            |
|                                    |                  |                             |                         |                            |
|                                    |                  |                             |                         |                            |
| <b>Total</b>                       |                  |                             |                         |                            |

- \* This form must be used for all reimbursement/payment requests.
- \* Receipts must be attached with SR-EGA expenses marked. A postage receipt or log of all correspondence is acceptable.
- \* Any non-budgeted items or items over the budgeted amount must be approved in advance by the Sun Region Board.
- \* Send form with attached receipts to:

**Pam Burke**  
**Sun Region Treasurer**  
**118 Dana Pointe**  
**Niceville, FL 32578**

|                          |                      |                  |
|--------------------------|----------------------|------------------|
| For Treasurer's use only | Date received: _____ | Date paid: _____ |
| Receipts attached: _____ | Math checked: _____  | Check # _____    |
| Approved: _____          | Posted: _____        | Amount: _____    |