



Quilters in the Valley Reimbursement Form

POB 563, Ellensburg WA 98926

www.kquiltersinthevalley@yahoo.com / www.quiltersinthevalley.org

Committee: _____

Date Purchased: _____ Amount: _____

Payee: _____

Purpose: _____

Approved By: _____

Committee Chair

Treasurer

Attach Receipt(s) Below:

Reimbursement Check # _____ Check Date: _____