

American Sewing Guild, Inc.

EXPENSE REIMBURSEMENT FORM

Name:		<i>To be completed by Treasurer</i>
Address, City, Zip:		Form #
CAB Position:		Paid by Check #
Expenses From:	To:	Date Issued:

Use committee position; payment will not be made if receipts are not attached

Mileage @ .55 per Mile for 2nd half of 2011

Date:	Committee:	Destination/Reason: # of miles	Amount
Total Amount			

Postage

Date:	Committee:	Description of item sent or purpose	Amount
Total Amount			

Long Distance Telephone

Date:	Committee:	Phone # and reason for call	Amount
Total Amount			

Printing/Photocopying

Date:	Committee:	Description of item and quantity	Amount
Total Amount			

Supplies

Date:	Committee:	Description of item and quantity	Amount
Total Amount			

Miscellaneous

Date:	Committee:	Description of item and quantity	Amount
Total Amount			

Summary		
Mileage Total		
Postage Total		
Long Distance Telephone Total		
Printing/Copying Total		
Supplies Total		
Miscellaneous Total		
(PAYMENT WILL BE MADE ONLY IF RECEIPT ATTACHED)		TOTAL AMOUNT DUE