

**QUILTERS' GUILD OF ARLINGTON
REQUEST FOR PAYMENT**

NAME _____
PRINT PAYEE HERE

DATE _____

RECEIPT ATTACHED: YES ___ NO ___ IF NOT, WHY NOT? _____

COMMITTEE	ITEM(S) PURCHASED	COST
	TOTAL:	

SIGNED: _____
YOUR SIGNATURE HERE

APPROVED: _____
SIGNATURE OF QUILT SHOW CHAIR

APPROVED: _____
SIGNATURE OF GUILD PRESIDENT

DATE PAID: _____
CHECK#: _____ TREASURER INFORMATION

**QUILTERS' GUILD OF ARLINGTON
REQUEST FOR PAYMENT**

NAME _____
PRINT PAYEE HERE

DATE _____

RECEIPT ATTACHED: YES ___ NO ___ IF NOT, WHY NOT? _____

COMMITTEE	ITEM(S) PURCHASED	COST
DUPLICATE FOR QUILT		
SHOW RECORDS		
	TOTAL:	

SIGNED: _____
YOUR SIGNATURE HERE

APPROVED: _____
SIGNATURE OF QUILT SHOW CHAIR

APPROVED: _____
SIGNATURE OF GUILD PRESIDENT

DATE PAID: _____
CHECK#: _____ TREASURER INFORMATION