



# CABIN FEVER QUILTERS GUILD EXPENSE REPORT

Guild Member \_\_\_\_\_ Date: \_\_\_\_\_

Purpose \_\_\_\_\_

(Use a separate form for raffle related expenses)

(If donated expenses are unknown, please estimate)

Date	Item	Amount Reimbursed	Amount Donated

TOTAL REIMBURSED \$ \_\_\_\_\_

MUST Attach receipts greater than \$25

CFQG Check # \_\_\_\_\_

NON-BUDGET EXPENSES NEED BOARD APPROVAL

\_\_\_\_\_  
President, CFQG

\_\_\_\_\_  
Date

Submit to: Beth Evans  
Cabin Fever Quilters Guild  
PO Box 83608  
Fairbanks, AK 99708