



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)

<u>Date</u>	<u>Item</u>	<u>Amount Reimbursed</u>	<u>Amount Donated</u>

TOTAL REIMBURSED \$ _____

MUST Attach receipts greater than \$25

CFQG Check # _____

NON-BUDGET EXPENSES NEED BOARD APPROVAL

President, CFQG

Date

Submit to: **Amey Houtchens**
Cabin Fever Quilters Guild
PO Box 83608
Fairbanks, AK 99708