COLORADO VALLEY QUILT GUILD

REQUEST FOR PAYMENT

Date of Request:	() Mail to Payee	
Amount:	() Deliver to Requester	
Requested by:	Other instructions:	
Name:		
Address:		
Phone No.:		
Make payment to:		
Name: Address (if no	t same as above)	
Is this a budgeted item? YESNOBudget acco	ount/committee:	
If not budgeted, please enter date of board approval:		
Please sign below and attach receipts to this form:		5.
(If person making request is not the committee chair, recto the treasurer.)	quest must be approved by the chair	orior to submitting
*Cha	ir-person of	committee.
Please mail form to Sandy Courrier, 5329 Guettermann- spcourrier@gmail.com.lf you have any question concern 851-6208.		
For use of Treasurer: Check Number:	Date Issued:	