

West Michigan Quilt Guild Payment Request Form

Mail to: West Michigan Quilt Guild
P.O. Box 8001
Kentwood, MI 49518

Amount \$ _____

Payee: _____

Address: _____

Phone #: _____

Description of Expense:
(All requests must be accompanied by a receipt or billing invoice)

\$ Amount

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Budget Category: _____

Signature

Date