

CABIN FEVER QUILTERS GUILD EXPENSE REPORT

Guild MemberPurpose			Date:	
(Use a se	eparate form for raff	le related expenses)		
(If donat	ed expenses are unk	nown, please estimate)		
Date	Item	Amount Reimbursed	Amount Donated	
TO	OTAL REIMBURSE	ED \$		
MUST A	Attach receipts for all	l expenses		
CFQG C	Check #			
NON-BI	UDGET EXPENSES	S NEED BOARD APPRO	VAL	
President, CFQG		Date		
Submit t	o: Treasurer Cabin Fever Qu PO Box 83608	ilters Guild		

Fairbanks, AK 99708