

Appendix E

**The Embroiderers' Guild of America, Inc.**  
**Corning Chapter, EGA**  
*Reimbursement Request Form*

Date Submitted \_\_\_\_\_  
Amount Requested \$ \_\_\_\_\_  
Name \_\_\_\_\_  
Office or Committee \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone \_\_\_\_\_  
Brief Explanation of Expenses \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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For treasurer, president or region director's use only

Approved by \_\_\_\_\_  
*Chapter president/treasurer; region director/treasurer*

Date Approved \_\_\_\_\_

**Paid:**

Check No. \_\_\_\_\_  
Date \_\_\_\_\_  
Amount \_\_\_\_\_

**Charge to:**

Account Name/Number	_____	Amount	_____
Account Name/Number	_____	Amount	_____
Account Name/Number	_____	Amount	_____