



Northwest Decorative Artists Request for Reimbursement

Name: _____ **Date:** _____

Itemized Expenses:

Who did you pay?	Committee	Purpose of Expense	Amount Paid	Receipt Attached?
<i>Michaels</i>	<i>Service: Treasure Boxes</i>	<i>Surface</i>	<i>\$3.10</i>	<i>Yes</i>
Total				

Check Number: _____ **Date of Check:** _____ **Amount of Check:** _____

President's Signature: _____ **Date:** _____

Treasurer's Signature: _____ **Date:** _____