



CABIN FEVER QUILTERS GUILD EXPENSE REPORT

Guild Member _____ Date: _____

Purpose _____

(Use a separate form for raffle related expenses)

(If donated expenses are unknown, please estimate)

Date	Item	Amount Reimbursed	Amount Donated

TOTAL REIMBURSED \$ _____

MUST Attach receipts for all expenses

CFQG Check # _____

NON-BUDGET EXPENSES NEED BOARD APPROVAL

President, CFQG

Date

Submit to: Treasurer
Cabin Fever Quilters Guild
PO Box 83608
Fairbanks, AK 99708