



TRI-COUNTY QUILT GUILD CHECK REQUEST FORM

Committee: _____

You must Attach All Itemized

Copying/Printing: _____

Receipts and/or Bills

Supplies: _____

Speaker Fees: _____

Speaker Expenses: _____

Postage: _____

Other: _____ For _____

Other: _____ For _____

Total Amount of Check: _____ Date Needed: _____

Payable to: _____

Mail Check To: Name: _____

Address: _____

City, State, Zip: _____

Submitted by: _____

Committee Chair/ Officer

Date

Approved by: _____

Quilt Show Chair/ Officer

Date

Approved by: _____

President

Date

Mail or deliver to:
Ginny Hilton
6626 Midfield Drive
Houston, TX 77092

Treasure's Use
Check#: _____
Amount: _____
Date: _____
Account: _____