EXPENSE FORM
SANDHILLS QUILTERS GUILD

DATE	BUDGET ACCOUNT	PAYEE/VENDOR	AMOUNT
		TOTAL	

SUBMITTED BY _____ **Check Number_____**
DATE SUBMITTED_____ **Date Paid_____**

Please complete and attach receipts. Return to Carolyn Follansbee. If you have multiple receipts, please save and submit all receipts at the same time. Thanks.

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