



**WHITE MOUNTAIN DECORATIVE PAINTERS GUILD
REQUEST FOR REIMBURSEMENT**

NAME: _____

(Signature)

ADDRESS: _____

PURPOSE OF EXPENSE: _____

ITEMIZE (Note: Receipts must be attached for all reimbursement requests.)

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

TOTAL \$ _____

APPROVED BY: _____ DATE: _____

CHECK # ISSUED: _____ AMOUNT OF CHECK: _____ DATE: _____

TREASURER: _____