McKinney Quilters’ Guild

**Reimbursement/Deposit Form - 2022**

Please use this form when turning in cash and/or checks to the Treasurer. Please put all cash and check in an envelope. Keep a copy for your records. DO NOT send cash through the mail.

If mailing, please send to Treasurer, Suzan Crocker, 17324 PR 5400, Royse City, TX 75189

**Reimbursement**: Attach the original receipt with each item. Sales tax is not reimbursable. Committee Chairperson’s signature is required for all reimbursed funds.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

Payable to: Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_

Description: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Workshop Fees, Ticket Sales, Retreat Fees, Membership Dues, Guest Fees, Ad Sales, etc.)

**Name of Individual and/or Co. Cash Amt. Check No. Check Amt.**

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $ \_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ $ \_\_\_\_\_\_\_\_\_
3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $ \_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ $ \_\_\_\_\_\_\_\_\_
4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $ \_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_

You may attach a copy of the deposit slip/receipts instead of listing on this form.

Subtotals of Cash $ \_\_\_\_\_\_\_\_\_\_

Checks $ \_\_\_\_\_\_\_\_ Total of Deposit/Reimbursement $ \_\_\_\_\_\_\_\_\_\_\_\_\_

Treasurer’s Notes: Date Received: \_\_\_\_\_\_\_\_\_\_\_ Date Deposited: \_\_\_\_\_\_\_\_\_\_

Charged to Account \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Category: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Memo: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Check No.\_\_\_\_\_\_\_