**Form IV-E**

**THE EMBROIDERERS’ GUILD OF AMERICA**

**ROCKY MOUNTAIN REGION, EGA**

**Reimbursement Request Form \_\_\_\_\_\_**

**Payment Form\_\_\_\_\_\_\_\_**

Date Submitted Receipts attached

Amount requested $ (explain below and attach receipts)

Name

Office or committee

Address

Telephone

Brief explanation of expenses:

-------------------------For treasurer’s, president’s, or region director’s use only-----------------------

Approved by

(Chapter president/treasurer; region director/treasurer)

Date approved

Paid: Check No. Date: Amount:

 or

Automatic Deduction

Charge to: Account name or number Amount