

ILLINOIS QUILTERS, INC. REIMBURSEMENT REQUEST

Name:

Address:

City/State/ZIP:

Email Address:

RECEIPTS MUST BE ATTACHED FOR PAYMENT

Please note: no payments for **services** can be made unless a valid W-9 form is on file

Description	Amount	Date of Expense
	\$	
	\$	
	\$	
	\$	
	\$	
TOTAL	\$	

Mail or give this form to:

Ellen Pomes
4203 N. Kedvale #2s
Chicago, IL 60641

Office Use only:

Date Recd:	Date Paid:
Amount:	Check#