



Quilters By The Sea Quilt Guild

Request for Disbursement of Funds

Payment will **NOT** be made without supporting documentation.
Attach all receipts to the back of this form. Keep a copy of this form for your records.

Date: _____

Amount: _____

Activity Requesting Payment: _____

Budget Line Item: _____

Description of Expense: _____

Requesting Guild Member Signature: _____

Printed Name _____

Title _____

Phone _____

Committee Chair Board Signature: _____ **Approved**
Disapproved

Printed Name _____

Committee Chair Board Title _____

Phone _____

Pay To:	Name	_____
	Address	_____
	City, Zip	_____

Date _____
Paid _____ Check # _____

Payer _____ Amount _____

Taxpayer ID # (SSN) and W-9 must be on file for all Independent Contractors (Speakers)