

# San Antonio Handweavers Guild Reimbursement Form

**REQUESTED BY:**

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Check payable to (if different from requester): \_\_\_\_\_

Committee - Budget Category:	Description:	Amount:
<b>Total Requested:</b>		

*Attach copies of receipts, invoices or bills and return by email, snail mail, or in person to SAHG Treasurer:*

**Nancy Nowak, 225 Alta Avenue, San Antonio, TX 78209**

[nowak1@me.com](mailto:nowak1@me.com)

**210-288-3517**

Notes or Special Instructions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

<b>TREASURER USE:</b>	EXPENSE IS:	BUDGETED	/	APPROVED BY	_____
BUDGET FORWARD _____					
LESS PAYMENT - _____					
BUDGET REMAINING - _____					

Date:	Check number:	Amount: