

*Camarillo Quilters Association*  
P.O. Box 347  
Camarillo, CA 93011-0347

Expense Report\*

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Expense Incurred for Committee: \_\_\_\_\_

Purpose:

\_\_\_\_\_  
\_\_\_\_\_

Date	Item(s)	Amount

\*Note - All expenses must include receipts for reimbursement (attach to form)

Total of reimbursement: \$ \_\_\_\_\_

\_\_\_\_\_  
Signature

Below is for CQA Treasurer use only

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Approved: \_\_\_\_\_ (Treasurer)

Paid Date: \_\_\_\_\_ Check No: \_\_\_\_\_