

# MT. TAM QUILT GUILD

## WORKSHOP EXPENSE VOUCHER

www.mtqg.org

P.O. Box 6192 San Rafael, CA 94903

**Voucher Date :** \_\_\_\_\_

**Submit form to:  
MTQG Treasurer**

Submitted by: \_\_\_\_\_ (Committee)

Member's Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_ Email \_\_\_\_\_

Workshop Presenter: \_\_\_\_\_

Title: \_\_\_\_\_

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

Description of Expenditure	Amount
Speaker's Fees	
Workshop Fees	
Travel Fees Mileage/Bridge	
Meal(s)*	
Overnight Cost(s)	
Facility Rental Fee: _____	do not include in total
<b>Total</b>	<b>\$</b>

\*Attach receipts

Approved for Mt. Tam Quilt Guild \_\_\_\_\_

Signature

Position

THE PURPOSE OF THE GUILD SHALL BE TO PROMOTE AN INTEREST IN AND AN  
APPRECIATION OF THE ART OF QUILT MAKING;  
TO SHARE QUILTING INFORMATION AND EDUCATION, AND TO ENCOURAGE HIGH  
STANDARDS OF TECHNIQUE AND DESIGN.

Paid by Treasurer:

Cash: \_\_\_\_\_ Check #: \_\_\_\_\_

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

Posted \_\_\_\_\_