# POCONO MTN. QUILTERS' GUILD
## Request for Payment/Reimbursement

**Attached are the following receipts for purchased items. Please use a separate form for each payee.**

| Paid to | Description | Amount: |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

**Total $_____**

**Submitted by:_____**

**To be paid to:_____**

**Reimbursed on: _____**

**Check #:_____ By:_____**