



CASH REIMBURSEMENT REQUISITION

Name: _____

Date: _____

Block of the Month \$ _____

CPS Quilts \$ _____

Newsletter \$ _____

Postage \$ _____

Sister City Project \$ _____

Speaker/Teacher Expenses:

Lecture \$ _____

Workshop \$ _____

Room \$ _____

Meals \$ _____

Travel \$ _____

Shipping \$ _____

Sub - Total: \$ _____

\$ _____

Other \$ _____

TOTAL \$ _____

REIMBURSED BY CHECK # _____

Signature