

BEAR CREEK QUILT GUILD

P.O. Box 574
Grapevine, TX 76099

REQUEST FOR PAYMENT

Date: _____

Member Name: _____

COMMITTEE	ITEM(S) PURCHASED	AMOUNT
TOTAL		

Receipt attached? YES _____ NO _____ Why not? _____

Signed: _____

Approved: Treasurer _____

President _____

(Optional)

MAIL CHECK TO _____

Date paid _____

Check # _____