



The Embroiderers' Guild of America, Inc.
Mid-Atlantic Region

REQUEST FOR REIMBURSEMENT OF FUNDS

Date _____

Amount \$ _____

Requested by: _____

Office or Committee: _____

Please pay to: _____
Name Telephone

_____ Address

_____ City State Zip

Brief explanation with receipts attached: (telephone, postage, printing, etc.)

Account #	Description	Amount

FOR TREASURER'S USE ONLY

Approved by: _____

Paid-Check # _____ Date _____

Account # _____

Send this completed form to the current MAR Treasurer.

The MAR Directory has current address and E-mail information.

This form is available on line at www.marega.org.