



CNY Art Guild, Inc.
 PO Box 241
 Liverpool, NY 13088-0241
 www.CNYArtGuild.org

Expense Reimbursement Form

Submit this completed form, along with a copy of your receipt(s),
 to the guild Treasurer for reimbursement.

Be sure to keep a copy of your receipt(s) and this completed form for your records.

Date _____

Name _____

Mailing Address _____

City, State Zip _____

Home Phone _____

Cell Phone (optional) _____

Email Address _____

Purpose of Expense _____

Expense Details _____

List Expense Information Below

Date	Description	Amount

For Treasurer Use Only

Date of Payment: _____ Amount Paid: _____

Method of Payment: Cash Check Check # _____ Other _____