Illinois Prairie Weavers Guild

Expense Summary

Your Name: _____

Your Address: _____

_____

_____

_____

For Treasurer's Use Only:	
Date Submitted:	
Date Paid:	
Check Number:	
Receipt Attached:	
No Receipt – Why:	

Date of Expense	Description	Amount
	Total Expenses	

For reimbursement, complete this sheet and give it to the IPWG Treasurer along with your receipt(s).