



# Heard Museum Guild

## Reimbursement/Check Request

Amount: \$ \_\_\_\_\_

Date submitted: \_\_\_\_\_

Pay to: \_\_\_\_\_

(Name)

\_\_\_\_\_  
(Mailing Address)

Guild Program: \_\_\_\_\_

(IF&M, Note Cards, Student Art, etc.)

Activity or Purpose: \_\_\_\_\_

Categories:

Supplies \$ \_\_\_\_\_

Other: (Be specific)

Postage \$ \_\_\_\_\_

\_\_\_\_\_ : \$ \_\_\_\_\_

Printing \$ \_\_\_\_\_

\_\_\_\_\_ : \$ \_\_\_\_\_

Travel \$ \_\_\_\_\_

Honorarium \$ \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Approval

\_\_\_\_\_  
Date

**Attach Receipts On Back**

Accounting Office: