REGION OF YORK QUILTERS GUILD
Expense Record

Date: _____

Committee: _____

Name: _____

Cheque Payable to: _____

Date of Expense	Description of Expense	Amount
	Total Expenses Claimed:	$ -

Comments or Description of Expenses:

DO NOT FILL IN (TREASURER'S SECTION)

Date: _____

Cheque Number: _____

GL Code: _____

Processed by: _____