

The Embroiderers' Guild of America, Inc.
South Central Region
Request for Reimbursement

Date: _____ Amount: _____

Requested by: _____

Office or Committee: _____

Please remit to: _____
(Name of Chapter or Individual, as applicable)

(Address)

(Address)

(Telephone/E-mail)

Brief explanation with receipts attached:

* * * * *

For Treasurer's Use

Approved by (Region Director or Treasurer): _____

Paid Check No.: _____ Date: _____ Total: _____

Accounts or Categories: _____ Amount: _____

Mail to SCR Treasurer: **Sherri Hagar**
4122 Cross Bend Drive
Arlington, TX 76016