

Notice to Members

As our activities and membership have increased, the Guild's expenses have increased as well. To better help me in keeping track of the miscellaneous expenses that are reimbursed to members, I would appreciate it if you would use the enclosed form to request reimbursement for out-of-pocket expenses.

Please attach your receipts and indicate the nature of the expense on the form. I will send a new form to you with the check.

This form is not needed for expenses that are directly billed to the Guild. Those will be paid as the bills are received.

Thank you.

Roberta C. Lamb
Treasurer

Syracuse Ceramic Guild

P.O. Box 6186 Teall Avenue
Syracuse, New York 13217-6186

Expense Reimbursement Request

Date: _____

Member Name: _____

Member Address: _____

Member Phone: _____

Total Amount to be Reimbursed: _____

Attach Receipts

(No payments issued without receipts)

Reason for Expense(s):

(Itemize individual amounts)

Member Signature: _____