



## ***Howard County Woodworkers Guild***

### **Claim for Reimbursement of Expense**

Date Submitted: \_\_\_\_/\_\_\_\_/\_\_\_\_

FROM:

PAYEE OTHER THAN CLAIMANT:

NAME: \_\_\_\_\_ NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

Date of Expense	Itemize or Describe Expenditures (Attach Receipts)	Amount of Expenditure	
(List on separte sheet if more space needed)		TOTAL:	

I HEREBY CERTIFY THAT EXPENSES WERE INCURRED WHILE CONDUCTING  
OFFICIAL HOWARD COUNTY WOODWORKERS GUILD BUSINESS

YOUR SIGNATURE: \_\_\_\_\_

Send Claim to Guild Treasurer: Emanuel Flecker, 10473 Owen Brown Rd. Columbia, MD.  
or Place in Manny's Drop Box in the Shop

If Shop Expense, Submit  
First To Shop Coordinator: Place in Shop Coordinator's Drop Box in the Shop

APPROVED BY: PRESIDENT: \_\_\_\_\_

TREASURER: \_\_\_\_\_

CHECK NO: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_ AMOUNT: \_\_\_\_\_