

WESTSHORE QUILTERS GUILD CHARITY SOCIETY
CHEQUE REQUISITION

PAYABLE TO:	PROGRAM/ACTIVITY:

DATE REQUESTED:

Date of Expense	Program Disbursement of Expenditure	Description of Expense	Amount
TOTAL			

1. I certify that the goods and/or services have been received.

Name/Signature

- 2. Attach all applicable receipts
- 3. Cheques will be prepared and forwarded to the payee by the Treasurer, Westshore Quilters' Guild.

TREASURERS USE ONLY
Cheque #:
Cheque Amt:
Cheque Date: