

Wyoming State Quilt Guild Funding Quilt Camp Reimbursement Request

Please mail or email a scanned copy of this form to

Carol Kolf, 363 Big Goose Road, Sheridan, WY 82801 *quiltercarol@yahoo.com*

Quilt Camp Date: _____ Location: _____

Requested: \$_____ Approved \$_____

Participant's Names	Materials Cost	Less Camp Fee	Balance to be Reimbursed (NTE \$50 per Participant
1. _____			
2. _____			
3. _____			
4. _____			
5. _____			
6. _____			
7. _____			
8. _____			
9. _____			
10. _____			
11. _____			
12. _____			
TOTALS:			

Payee for check: _____

Name and Address to mail check: _____
