

Beachplum Reimbursement Request Form

Your Name _____

Date of Purchase _____ Total Cost _____

Store or Company Name _____

Item(s) Purchased _____

Purpose - *(Please circle purpose below if more than one, please indicate \$\$ amount for each)*

Membership Workshops Programs Raffle Door Prizes

BOM Hospitality Charity Quilts Luncheon

Other _____

Quilt Show Committee: _____

Please submit form along with necessary receipts no later than 30 days after the money is spent.

Please note: Receipts more than 30 days old will no longer be reimbursed.

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