

Clay Arts Guild Check/Reimbursement Request

Date	
Payable to	
Amount	\$
Address to mail check	
Other Instructions	

Description of expense:

Accounting/Budget Category (please check one)

<input type="checkbox"/> Advertising	<input type="checkbox"/> Postage, Mailing Service
<input type="checkbox"/> Art Purchased	<input type="checkbox"/> Printing and Copying-Newsletter
<input type="checkbox"/> Clay Coupons	<input type="checkbox"/> Professional Fees
<input type="checkbox"/> Contests	<input type="checkbox"/> Sale Related Expenses
<input type="checkbox"/> Corporate Costs	<input type="checkbox"/> Scholarships Funded
<input type="checkbox"/> Dues & Subscriptions	<input type="checkbox"/> Studio Enhancements
<input type="checkbox"/> Hospitality	<input type="checkbox"/> T-shirts
<input type="checkbox"/> Insurance	<input type="checkbox"/> Tools
<input type="checkbox"/> Library	<input type="checkbox"/> Workshops
<input type="checkbox"/> Operations	<input type="checkbox"/> Other:

Submitted by	
Email	
Phone	
Signature	

RECEIPTS MUST BE ATTACHED TO ALL REQUESTS

Check #		Date		Approval	
---------	--	------	--	----------	--