

FINE ART OF FIBER 2024  
Expenses

<u>Date</u>	Description	<u>Amount:</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____
Total		_____

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

\_\_\_\_\_

Please complete and attach all receipts to this form. Expenses will not be reimbursed without a receipt.  
All expenses forms must be received for reimbursement by: November 22, 2024.

Please return this form to:

Donna Mermel  
2318 Magnolia Ct. E  
Buffalo Grove, IL 60089  
847-224-1986  
[dsmermel@gmail.com](mailto:dsmermel@gmail.com)