ALTS Guild

Guild Purchase/Reimbursement Request

Date	Requested By	Date Needed By	Vendor

Please select ONE:

☐ **Reimbursement (attach original receipts)** ☐ **Purchase Request (Guild will purchase and deliver the requested items)**

WHAT IS THIS REQUEST FOR (I.E. FAMILY FUN NIGHT, SPRING FLING, ETC):

QTY	DESCRIPTION	PRICE EA.	TOTAL
		SUBTOTAL	
		ESTIMATED TAX	
		ESTIMATED SHIPPING	
		TOTAL	

You may email your completed form to altsguild@gmail.com if it is a Guild Purchase request.
For reimbursement requests, you can leave it in the Guild drawer in the front office.
Thank you!

ACCOUNTING USE			
Date Ordered		Ordered Via	
Date Reimbursed		Payment Method	
If Paid by Check, Check#		Check Amount	
If Paid by Debit, Confirm #		Amount	

_____ _____

Paid by (Complete Name) Signature