MARKHAM
GROUP OF
ARTISTS

Submitted by:_____ _____ Title: _____

Phone:_____ Email:_____

Event: _____

Please check one preference:

___ Send payment to this address _____

___ Payment will be picked up at a Members' Day meeting

Instructions:

Please fill out the form and submit to our President for approval. Please do not write in the shaded area. Be sure to attach all receipts with this form. Expenses without a receipt will not be reimbursed.

Date of Purchase	Item Description	Amount	Receipt Checked
	Total Expenses Incurred		

Signature: _____ Date: _____