

**The Embroiderers' Guild of America, Inc.  
South Central Region  
Request for Reimbursement**

Date: \_\_\_\_\_ Amount: \_\_\_\_\_

Requested by: \_\_\_\_\_

Office or Committee: \_\_\_\_\_

Please remit to: \_\_\_\_\_

(Name of Chapter or Individual, as applicable)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Telephone/E-mail)

**Brief explanation with receipts attached:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\* \* \* \* \*

**For Treasurer's Use**

Approved by (Region Director or Treasurer): \_\_\_\_\_

Paid Check No.: \_\_\_\_\_ Date: \_\_\_\_\_ Total: \_\_\_\_\_

Accounts or Categories: \_\_\_\_\_ Amount: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Mail to SCR Treasurer: Michelle Kocurek  
5828 Greenwyck Drive, Plano, TX 75093**