

Embroiderers' Guild of America
Louisiana Lagniappe Chapter
Reimbursement Request

Date: _____ **Amount Requested:** _____

Event/Class/Lecture: _____

Brief Explanation: _____

Person Requesting Reimbursement:

Name: _____

Address: _____

Phone: _____

Mail Reimbursement Request To:

Arlene Carroll
5314 Richmond Drive
Baton Rouge, LA 70817

****Please include receipts with request****

Administration Only

Date Paid: _____

Louisiana Lagniappe Check Number: _____