

**National Association of Certified Quilt Judges, Inc.**

**Expenses Claim Form**

**Date:** \_\_\_\_\_

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

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

**City, State, Zip:** \_\_\_\_\_

| Date | Payment Details - Description | Account # | Amount |
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Please attach receipts.  
Account number column is for the treasurer's use.