

League of Northern Colorado Quilters (LNCQ)
Income/Expense Form

Calendar Year _____

All expenditures must be approved by the President or 1st Vice President

Name: _____ Phone: _____

Address: _____ Email Address: _____

Committee/Project: _____

Income: _____ Expense: _____

Description of income received, or expenses incurred:	Amount
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
Total Amount	_____

_____ Signature of Originator	_____ Date	_____ Signature of President or 1 st VP <i>(Required for expenditures)</i>	_____ Date
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Complete for vendor payment only: Name: _____
Address: _____
Contact name & Phone No: _____

For LNCQ use only:

Date received: _____	Income amount: _____
Date paid out: _____	Date deposited: _____
LNCQ check #: _____	

Notes: _____

Staple **ORIGINAL** receipts to the completed form and mail to:
LNCQ
PO Box 272593
Fort Collins CO 80527

*(Receipts **MUST** accompany form for reimbursement)*