

TUCSON SINGLETARIANS

INCOME REPORT

DATE: _____

FUNCTION: _____

HOST/HOSTESS: _____

MONEY COLLECTED: _____

EXPENSE REPORT

**All expenses over \$25 need approval from: President, Vice President,
Secretary and Treasurer.**

EXPENSES: (Attach legible receipts)

\$ _____

\$ _____

\$ _____

TOTAL: \$ _____

SIGNATURE: _____

Mail check (do not mail cash) to:

MIKE QUINN
63443 E DESERT HIGHLAND DR
TUCSON, AZ 85739-2166