

Incoming cash/Request for Payment

(please circle one or both if it applies)

Date: _____

Name: _____

INCOMING CASH

AMOUNT:

_____ CHECKS

_____ CASH Initials of Counters: _____

_____ TOTAL RECEIPT

EVENT/COMMITTEE SUBMITTING INCOME _____

REQUEST FOR PAYMENT - ATTACH ALL RECEIPTS , MAKE A COPY FOR YOURSELF

Description of expense (use back of form if needed) Cost

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

TOTAL AMOUNT SUBMITTED: _____

EVENT/COMMITTEE SUBMITTING EXPENSE

PAY TO THE ORDER OF

APPROVED

BY _____

Treasurer's use

Account: _____ Check number: _____

Amount: _____ Date check written: _____