

County Line Quilters Guild

Expense Sheet

Please fill out the form below as accurately as possible to ensure proper entering of monies spent (within the provided categories) by the Treasurer. Please attach original receipt(s) to this sheet.

Note: No checks will be written without original receipt and/or if no receipt, approval from the Executive Board must be obtained.

Name _____ Receipt's date _____

Title/Committee _____

	<u>CATEGORY</u>	<u>REASON</u>	<u>AMOUNT</u>
1.	_____	_____	\$ _____
2.	_____	_____	\$ _____
3.	_____	_____	\$ _____
4.	_____	_____	\$ _____
5.	_____	_____	\$ _____
6.	_____	_____	\$ _____
7.	_____	_____	\$ _____
		Total Receipt(s)	\$ _____

Approved by: _____

For Treasurers Use Only

Date _____ Check # _____ Category _____