

**League of Northern Colorado Quilters  
Income/Expense Form**

**Calendar Year 2017**

*All expenditures must be approved by the President or 1<sup>st</sup> Vice President.*

*Expenditures over \$25, which are not previously approved budget items must be approved by the executive board.*

*Receipts MUST accompany form for reimbursement.*

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

Phone: \_\_\_\_\_

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

Committee/Project: \_\_\_\_\_

Income: \_\_\_\_\_ Expense: \_\_\_\_\_

Description of income received or expenses incurred	Amount
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
<b>Total Amount</b>	_____

\_\_\_\_\_  
Signature of Originator/date

\_\_\_\_\_  
Signature of President or 1<sup>st</sup> Vice President      Date  
Required for expenditures

Complete for vendor payment only:      Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

*For LNCQ use only:*

Date receipt received: \_\_\_\_\_

Income Amount: \_\_\_\_\_

Date Paid Out: \_\_\_\_\_

Date deposited: \_\_\_\_\_

LNCQ check #: \_\_\_\_\_

Notes:

Staple **ORIGINAL** receipts to the **completed form** and mail to:

LNCQ  
P.O. Box 272593  
Fort Collins, CO 80527