

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

**Calendar Year 2018**

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

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
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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

*(Receipts MUST accompany form for reimbursement)*