

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

Calendar Year 2020

All expenditures must be approved by the President or 1st Vice President

Name: _____ Phone: _____

Address: _____

Committee/Project: _____

Income: _____ Expense: _____

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

Signature of Originator/date

Signature of President or 1st 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

(Receipts MUST accompany form for reimbursement)