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| **PIECES & PATCHES QUILT GUILD OF JACKSON**  **INCOME & EXPENSE FUNDS TRACKER**  **For Deposit OR Reimbursement Request** | | |
| **DATE:** | | **SUBMITTED BY:** |
| **INCOME TOTAL AMOUNT:** | | **PHONE:** |
| **EXPENSE TOTAL AMOUNT:** | | **EMAIL:** |
| **DESCRIPTION/PURPOSE:** | | |
| **PAYMENT PAYABLE TO:**  (Address if needed)  NOTE: Checks $500 or more require an additional signature. Please allow time for Treasurer to acquire cosign. | | |
| APPROVED BY: | | **Fill in the top portion, ATTACH ORIGINAL RECEIPTS**  **(Please keep a copy for your records)**  **and give or mail this form to**:  Karen M. Beers 66 Foxpointe Trail, Jackson, MI 49203  [Karen.m.beers@gmail.com](mailto:Karen.m.beers@gmail.com) 517-740-3909 (call or text) |
| $ CASH | $ CHECKS |
| DEPOSIT DATE: | |
| CHECK #: | CHECK DATE: |
| GL ACCOUNT #: | |

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