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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 49203Karen.m.beers@gmail.com 517-740-3909 (call or text) |
| $ CASH | $ CHECKS |
| DEPOSIT DATE: |
| CHECK #: | CHECK DATE: |
| GL ACCOUNT #: |

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