

**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 517-740-3909 (call or text)	
\$ CASH	\$ CHECKS		
DEPOSIT DATE:			
CHECK #:	CHECK DATE:		
GL ACCOUNT #:			

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