

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:				
As of 09/2026					
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: <table style="width:100%; border: none;"> <tr> <td style="border: 1px solid black; width: 50%;">\$ CASH</td> <td style="border: 1px solid black; width: 50%;">\$ CHECKS</td> </tr> </table> DEPOSIT DATE: <table style="width:100%; border: none;"> <tr> <td style="border: 1px solid black; width: 50%;">CHECK #:</td> <td style="border: 1px solid black; width: 50%;">CHECK DATE:</td> </tr> </table> GL ACCOUNT #:	\$ CASH	\$ CHECKS	CHECK #:	CHECK DATE:	Fill in the top portion, ATTACH ORIGINAL RECEIPTS (Please keep a copy for your records) and give or mail this form to: Chari Cure, 128 Woodstock St, Cement City 49233 charicure128@gmail.com 517-914-8232 (call or text)
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