

Income/Expense Form

Expenditures over \$25 not previously approved must be pre-approved by the board prior to reimbursement.

Name: _____ Phone: _____

Address: _____

Committee/Project: _____

Income: _____ Expense: _____

	Description of income received or expenses incurred	Amount
1		
2		
3		
4		

Total Amount

Complete for vendor
payment only

Name: _____

Address: _____

Signature of Originator/Date

Signature of Committee Chair/Board Executive & Date

This box for LNCQ use only:

Date Received: _____

Income Amount: _____

Date Paid Out: _____

Date deposited in Bank: _____

LNCQ Check #: _____

Notes:

*Staple ORIGINAL receipts to the
completed form. Mail to:*

LNCQ-Treasurer
P.O.Box 272593
Fort Collins, CO 80527