

Green County 4-H Club & Group Income & Expense Receipt Form

Please fill this out for every income or expense received and keep with your Treasurer records.

Income

Date of Income: _____

Income Amount: _____

Income Reason: _____

	<u>Amount</u>	<u>Name(s)</u>
Cash	\$	
Check#:	\$	
Check#:	\$	
Check#:	\$	
Check#:	\$	
Check#:	\$	
Check#:	\$	
Check#:	\$	
TOTAL	\$	

This income is for (please check):

- | | |
|---|--|
| <input type="checkbox"/> Member Dues | <input type="checkbox"/> Fundraising |
| <input type="checkbox"/> Donations | <input type="checkbox"/> Investment Income |
| <input type="checkbox"/> Participation Fees | |
| <input type="checkbox"/> Other: _____ | |

Name of person filling out: _____

Signature: _____

Club Treasurer: _____

Signature: _____

Expense

Date of Expense: _____

Expense Amount: _____

Issue Check to: _____

Check no: _____

This Expense is for (please check):

- | | |
|--|--------------------------------------|
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Educational |
| <input type="checkbox"/> Community Service | <input type="checkbox"/> Recreation |
| <input type="checkbox"/> Other: _____ | |

Name of person filling out: _____

Signature: _____

Club Treasurer: _____

Signature: _____

Note: An invoice or receipt MUST be attached to this expense form as documentation of the expense to be paid.



Extension
UNIVERSITY OF WISCONSIN-MADISON

