

Treasurer's Form

Date: _____

Person Submitting Form: _____

Committee: _____

Chairman's Signature: _____

For Treasurer's Use:

INCOME

DEPOSIT DATE

AMOUNT

EXPENSE

DATE OF CHECK

CHECK NUMBER

AMOUNT

802, jr

RECEIPTS REQUIRED



List INCOME to T & T

1. _____

2. _____

3. _____

**TOTAL AMOUNT
OF INCOME
SUBMITTED**

List EXPENSES to T & T

1. _____

2. _____

3. _____

Name on check

Check should be sent to this address

**TOTAL AMOUNT OF
CHECK EXPECTED**