

# SLO QUILTERS

# INCOME RECEIPT

Date: \_\_\_\_\_

Check Income: \_\_\_\_\_

Cash Income: \_\_\_\_\_

Total Income: \_\_\_\_\_

Committee: \_\_\_\_\_

Two signatures required to verify amount.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date given to Treasurer: \_\_\_\_\_

Date Deposited: \_\_\_\_\_

Treasurer: \_\_\_\_\_

Signature: \_\_\_\_\_