



Loose Bead Society of Greater Milwaukee
2017-18 Fiscal Year Revenue and Expenditure Form

Refer to document "Fiscal 2018 Categories" for full list of combinations

ExpRevForm FY2018.docx

Expense Date or Date Submitted:	<input type="checkbox"/>	Revenue	<input type="checkbox"/>	Expense	Submitted By:
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Description	Qty	\$Amt	Total \$	Category	Sub-Category	Account	If debit, Company Name

Document Total \$

For Revenue

Cash \$ _____
 Check \$ _____
 Money Order \$ _____
 Charge \$ _____
Total \$ _____

For Reimbursement – Request Payment To:

Name: _____
 Address: _____
 City, State, Zip: _____

For Treasurer's Use Only

Deposit Date:	Paid By: Check#	Debit Card: Y N	Payment Date:
Treasurer/Payer:	Amount:	Paid To:	