



Loose Bead Society of Greater Milwaukee

Expenditure and Revenue Form

Refer to document "ExpRev Categories" for full list of combinations

Updated 01/2020

ExpRevForm.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:	