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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| LooseBeadLogo_B&W | **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:** | |  |  |  |  |  |  |  | | **Submitted By:** |
|  |  |  | **Revenue** |  |  | **Expense** | |
|  |  |  |  |  |  |  | |

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Description** | **Qty** | **Amt** | **Total** | **Category** | **Sub-Category** | **Account** | **If debit,**  **Company Name** |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |  |
| **Document Total $** | | |  |  | | |  |

**For Revenue**

Cash $ \_\_\_\_\_\_\_\_\_\_\_ **For Reimbursement – Request Payment To:**

Check $ \_\_\_\_\_\_\_\_\_\_\_

Money Order $ \_\_\_\_\_\_\_\_\_\_\_ Name:

Charge $ \_\_\_\_\_\_\_\_\_\_\_ Address:

**Total** **$** \_\_\_\_\_\_\_\_\_\_\_ City, State, Zip:

For Treasurer’s Use Only

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