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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

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