

SLO QUILTERS
INCOME RECEIPT

Committee: _____

Date: _____

COUNT VERIFICATION

Two signatures required to verify amount.

Print Name: _____

Signature: _____

Print Name: _____

Signature: _____

Date given to Treasurer: _____

Date Deposited: _____

Attach deposit receipt

Check Income:

Cash Income:

Coin Income:

cks

\$20 X

\$10 X

\$5 X

\$2 X

\$1 X

Total bills

\$0.50 X

\$0.25 X

\$0.10 X

\$0.05 X

\$0.01 X

Total Coin

TOTAL INCOME

_____ =

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