

GFWC of Stuart

Expense/ Income Form

Please list each receipt separately and attach

Expense(s)

Date	Amount	Allocation
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
Total Due		

Reimburse to:

Name

Address

Income (Money Cash or Check given to Treasurer)

Date	Amount	Allocation
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
Total Amount		