



SHEBOYGAN COUNTY  
4-H LEADERS ASSOCIATION  
INCOME/EXPENSE FORM

Budget Account No. : \_\_\_\_\_

Name of Account: \_\_\_\_\_

Please check (√) \_\_\_ Income/Deposit \_\_\_ Expense \_\_\_ 4-H Ldrs. Credit Card

Total Amount to be Deposited: \_\_\_\_\_ OR

Total Amount to be Paid: \_\_\_\_\_

Submitted by: \_\_\_\_\_

Phone: \_\_\_\_\_

Describe income or expense: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- Please check (√)  Credit Card reconciliation
- Check should be mailed by Treasurer
- Check to be returned to 4-H Office

If bill, please attach receipts and include who payment is payable to.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address/City/Zip

Note: Bills need to be submitted 10 days prior to the 4-H Leaders Association Meeting to insure prompt payment.

Date Submitted: \_\_\_\_\_

Received in Office by: \_\_\_\_\_

Authorized by: \_\_\_\_\_

CHECK NUMBER ISSUED: \_\_\_\_\_



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