

# CVMC Income\Expense Report

\*Please submit one (1) form per check

Name: \_\_\_\_\_

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

Email: \_\_\_\_\_

Payee's Name (name on check): \_\_\_\_\_

Payee's Address (if applicable): \_\_\_\_\_

Payee's Phone Number: \_\_\_\_\_

**Income\Expense Detail:**

Income	Expense	Category
100	600	Events-Non-Show
110	610	Holiday Party
120	620	Membership
130	630	Merchandise
140	640	Show-Fall
150	650	Show-Spring
160	660	Flowers, Get Well Etc
	670	Parades
180	700	Bank Fees
	710	Board Discretionary
	720	Picnic
	740	Insurance
	750	Meetings
	760	Newsletter
	770	PO Box
	790	SCC Registration
	800	Supplies, Business Cards
190	810	Trailer
	820	Miscellaneous

	Description	Amount	Category	Income Source
Item 1:				
Item 2:				
Item 3:				
Item 4:				
Item 5:				
Item 6:				
Item 7:				
Item 8:				
Item 9:				
<b>TOTAL</b>				

Office Use Only: -----

<b>Check Number:</b>			<b>Income Total By Category:</b>	#	\$
<b>Date:</b>				#	\$
<b>Amount:</b>	\$			#	\$

Notes: \_\_\_\_\_