**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:**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| |  |  |  | | --- | --- | --- | | **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: |  |  |  |  | | **TOTAL** |  |  |  |  | |  |

**Office Use Only: -----------------------------------------------------------------------------------------------------------------------------------**

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| --- | --- | --- | --- | --- | --- |
| **Check Number:** |  |  | **Income Total By Category**: | # | $ |
| **Date:** |  |  |  | # | $ |
| **Amount:** | $ |  |  | # | $ |

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

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