

Faithful Circle Quilters
2019 Quilt Show
 Income to Guild Treasurer

Payer: _____

Date: _____

Address: _____

City, State, Zip: _____

Please fill out both sections of this form. Submit this form with checks or cash in a sealed envelope to either Sharon Smith or Gail Trainor.

| Date of Income | Purpose | Amount |
|----------------|---------|--------|
| | | |
| | | |
| | | |
| | | |
| Total | | \$ |

Submitted by: _____ Committee: _____

Voucher #: _____ Check #: _____ Cash _____ Date Recorded: _____

 Copy for Quilt Show Records

2019 Quilt Show Income Record

Payer: _____

Date: _____

Submitted by: _____ Committee: _____

| Date of Income | Purpose | Amount |
|----------------|---------|--------|
| | | |
| | | |
| | | |
| | | |
| Total | | \$ |