



Iowa County 4-H Club Income & Expense Receipt Form

Income

Date of Income: _____

Income Amount: _____

Income Reason: _____

	Amount	Name(s):
Cash	\$	
Check #:		

This income is for (please check one):

<input type="checkbox"/>	Dues
<input type="checkbox"/>	Fundraising
<input type="checkbox"/>	Donations
<input type="checkbox"/>	Interest (bank account)
<input type="checkbox"/>	Other: _____

Name of person filling out: _____

Signature: _____

Second name: _____

Signature: _____

Expense

Date of Expense: _____

Expense Amount: _____

Issue Check to: _____

Check #: _____

This expense is for (please check):

<input type="checkbox"/>	Dues
<input type="checkbox"/>	Fundraising
<input type="checkbox"/>	Community Service
<input type="checkbox"/>	Recreation
<input type="checkbox"/>	Other: _____

Name of person filling out: _____

Signature: _____

Club Treasurer: _____

Signature: _____

Note: An invoice or receipt MUST be attached to this expense form as documentation of the expense to be paid.

