

BEDFORD FRIENDSHIP QUILT GUILD

Income / Expense Report

Name _____

Date _____

Circle One: Income Expense

Description/Purpose	Amount
TOTAL	

Please attach RECEIPTS.
Any expense over \$200 requires board approval.

For **reimbursement** by return mail, please enclose a self-addressed stamped envelope.

Mail to: Treasurer POB 10263 Bedford NH 03110

check#	
deposit date	

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