

FOR THE TREASURER

Committee: _____

Total amt. tendered: _____

Date: _____

Month voucher filed in: _____

EXPENSE

OR

INCOME

CCQG MONEY-COLLECTED VOUCHER

COMMITTEE: _____

Name of CCQG member handing over or depositing the money: _____

Total amount tendered OR deposited: _____

If cash or checks are being tendered, please list below:

Brief explanation of where the \$ came from (for example: workshop pmt., dues pmt., auction, etc.)

Signature of CCQG member turning \$\$ over to the treasurer or depositing \$\$:

PLEASE GIVE MONEY/CHECKS OR DEPOSIT SLIP PLUS VOUCHER ASAP TO:

Cissy Howell
219 Hawkes Ct.
Hockessin, DE 19707