

**A.C.S. Midland Local Section
EXPENDITURE / INCOME REPORT FORM**

NAME: _____

TELEPHONE NUMBER: _____ DATE: _____

FAX NUMBER: _____ E-MAIL: _____

TRANSACTION TYPE: EXPENDITURE _____ or INCOME _____

AMOUNT: \$ _____ PURPOSE (describe) _____

COMMITTEE CHAIR: _____

CHAIR'S SIGNATURE: _____

MAKE CHECK PAYABLE TO _____

MAIL CHECK TO (name) _____

ADDRESS: _____

*(Attach original receipts to this form for expenditures)
(Attach listing of checks or cash to this form for income)*

~~~~~ Do not write below this line ~~~~~

Received: \_\_\_\_\_

Processed: \_\_\_\_\_

\_\_\_\_\_

Check Sent: \_\_\_\_\_

Check Number: \_\_\_\_\_

\_\_\_\_\_

Category: \_\_\_\_\_

Treasurer: \_\_\_\_\_

\_\_\_\_\_