WCRA Income/Expense Report

Income or Expense

(Circle one)

Check Number: _____

Date submitted: _____ Date Paid: _____

Name: _____

Event:: _____

Committee Chair: _____

If Expense:

Make Check Payable to: _____

Address (if to be mailed) _____

_____

Please list and attach all receipts.

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

Total _____

Revised 7/2014