



**Washington County
4-H Leaders Association
Income/Expense Form**

**DUE BY
20TH OF
THE
MONTH**

Budget Account No. _____ Name of Account _____

Please check (✓) _____ Income _____ Expenses

Amount Paid: _____ **OR**

Amount Deposited: _____

Submitted by: _____ Phone: _____
Name

Describe income or expense:

Please check (✓) Check should be mailed by Treasurer
 Check to be returned to 4-H Office

If bill, please attach receipts and include who payment is payable to.

Name

Address

Date Submitted: _____

Received in Office by: _____



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