

# UAACCE FINANCIAL RECORD

Date: \_\_\_\_\_

Recorded by (Initials):

\_\_\_ Income, deposit

Check #

\_\_\_ Expenditures, to be reimbursed

Category/Amount:

Board Approval (date or category):

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|  |

**Note:** receipts must be attached for payment to be made!

Name & Address of Payee / Payment Source:

Person submitting receipt/bill/payment:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_, Phone

| Category            | Description | Amount | Notations |
|---------------------|-------------|--------|-----------|
|                     |             |        |           |
|                     |             |        |           |
|                     |             |        |           |
|                     |             |        |           |
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|                     |             |        |           |
|                     |             |        |           |
|                     |             |        |           |
|                     |             |        |           |
|                     |             |        |           |
| <b>Total Amount</b> |             |        |           |

**Notations:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_