

Piecing Partners Quilt Guild PROGRAMS -- Statement of Deposit

Instructions: Program Chair completes form and delivers to Treasurer with cash and checks. Treasurer verifies, signs, scans and emails completed form to Program Chair.

Date: _____

Program Chair: _____

Received From	Payment Type (Select One)		Payment Amt	Credit Amt	Workshop Name And Date
	Cash	Ck #			
Total Deposit: \$	\$		\$		

Committee Chair Signature: _____

Treasurer Signature: _____

For Membership Chair use only: \$ _____ Membership \$ _____ Newsletter \$ _____ Guests \$ _____ Donation \$ _____

For Treasurer use only: Date deposited: _____ QuickBooks entry: _____