SCOTTISH TERRIER CLUB OF AMERICA

INCOME VOUCHER

Date: _____

Club Member: _____

Address: _____

Telephone: _____ **E-Mail:** _____

Club Activity for which expense was incurred (such as Health & Rescue Donations, Trophies, Reservations, Shoppe, etc.):

_____

DATE RECEIVED	CHECK# OR CASH	AMOUNT RECEIVED	NAME RECEIVED FROM	EXPLANATION
TOTAL		**$**		

Signed: _____ **Approved by:** _____

For deposit, make a copy of ALL checks for your records, and then mail this form along with the checks to the Treasurer at:

SCOTTISH TERRIER CLUB OF AMERICA
c/o Steve Russell, Treasurer
P. O. Box 92
Saint Charles, IL 60174

If questions, please call: (312) 952-7547 or E-mail: Treasurer@stca.biz.

Form Dated 09/26/2023