



SCOTTISH TERRIER CLUB OF AMERICA

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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 Mark LaBonte, Treasurer
P.O.Box 328
La Mesa, CA 91944-0328

If questions, please call: (619) 379-0244 or E-mail: Treasurer@stca.biz.