

MHAFB OSC 2017/2018 Budget Year Administrative Account

Submitted by: _____ Date: _____

**NOTE: MUST ATTACH RECEIPTS AND/OR INVOICES.
PLEASE PROVIDE SUPPORTING DOCUMENTATION FOR ALL MONEY COLLECTED**

Budget Account #	Description	\$ Amount
	Total	

Budget Account Numbers:

INCOME ACCOUNTS	EXPENSE ACCOUNTS	EXPENSE ACCOUNTS	EXPENSE ACCOUNTS
101 Dues 102 Interest 103 Ways and Means 106 Carryover	201 Audit/Ins/Bond 202 Postage/P.O. Box 203-Board Meeting Expense 301 Supplies/Repro 301.03 Properties 301.04 Christmas Ornament 302 Membership/Hospitality	305 Historian 306 Protocol 307 Scholarships 308 President's Fund 309 Childcare 310 Desert Breeze Exp 310.01 Web Page 311 Programs	311.02 Spring Bingo 312 Board Appreciation 401 Special Activities 402 Ways and Means 500 Functions 601 Contingency Fund

Treasurer/Board Member: I received the above collection(s)/credits for deposit to the above Budget Account(s)

Signature: _____

Completed by Treasurer: _____

Voucher # _____ Issue/Deposit Date _____ Check # _____