



**WHITE MOUNTAIN DECORATIVE PAINTERS GUILD  
INCOME TO CHAPTER**

NAME: \_\_\_\_\_

PURPOSE OF INCOME: \_\_\_\_\_

**ITEMIZE (Note: Receipts must be attached for all reimbursement requests.)**

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
	<b>TOTAL \$ _____</b>

RECEIVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_  
(TREASURER)