



INCOME – EXPENSE LEDGER

FAUQUIER FREE CLINIC
 35 Rock Pointe Ln, Warrenton, VA 20186
 P.O. Box 3138, Warrenton, VA 20188
edocs@fauquierfreeclinic.org

PATIENT (Please print)

Name
Business Name

MONTH 1 _____

INCOME

EXPENSES

Date Received	Job Description	Amount Received		Date Paid	Type of Expense	Amount Paid
	TOTAL Income Month 1	\$				

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