



FORM 150

**Combined Federal Campaign
of the National Capital Area
750 17th St., NW, Suite 200
Washington, DC 20006**

Special Events Proceeds Form - **Form 100 Copy***

This receipt acknowledges that the Federal department or agency listed below is submitting cash proceeds generated from a special event to the Combined Federal Campaign of the National Capital Area. Two volunteers have verified the amount of the deposit by signing this form.

Federal Department or Agency: _____

Bureau or Office: _____

Reporting Unit Number: _____

Keyworker Envelope Number: _____

Contents:

Cash \$ _____

Checks \$ _____

Total \$ _____ **(Enter this amount on Form 100)**

Please provide your office contact information in case CFCNCA auditors need to contact you about this deposit.

Signature 1: _____ Date: _____

Print Name _____

E-mail Address: _____

Office Phone _____

Signature 2: _____ Date: _____

Print Name _____

E-mail Address: _____

Office Phone _____

*Thank you for your support of the Combined Federal Campaign.
Please submit one copy inside the Form 100. Retain one copy for your records.



FORM 150

**Combined Federal Campaign
of the National Capital Area
750 17th St., NW, Suite 200
Washington, DC 20006**

Special Events Proceeds Form – Agency Copy*

This receipt acknowledges that the Federal department or agency listed below is submitting cash proceeds generated from a special event to the Combined Federal Campaign of the National Capital Area. Two volunteers have verified the amount of the deposit by signing this form.

Federal Department or Agency: _____

Bureau or Office: _____

Reporting Unit Number: _____

Keyworker Envelope Number: _____

Contents:

Cash \$ _____

Checks \$ _____

Total \$ _____ **(Enter this amount on Form 100)**

Please provide your office contact information in case CFCNCA auditors need to contact you about this deposit.

Signature 1: _____ Date: _____

Print Name _____

E-mail Address: _____

Office Phone _____

Signature 2: _____ Date: _____

Print Name _____

E-mail Address: _____

Office Phone _____

*Thank you for your support of the Combined Federal Campaign.
Please submit one copy inside the Form 100. Retain one copy for your records.