

BLESSED SACRAMENT HOME AND SCHOOL ASSOCIATION

INCOME RECEIPT FORM

Date: / /		Submitter's Name:																	
Event Name:																			
CHECKS:	# of checks requested:	Total amount of checks: \$																	
CASH:	#of payments requested:	Total amount of cash: \$																	
		TOTAL AMOUNT: \$																	

Details of the above totals must appear on attached Check Deposit Form(s) and/or Cash Deposit Form(s)

Submitter's Signature:

VERIFICATION OF RECEIPT

Completed by Submitter

Committee/Event/Item:																										
															Amount Submitted: \$											

(Following completed by Treasurer)

Received By:	Date: / /
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IMPORTANT: When completed, make two copies of this form. One will be signed by the treasurer and returned to you as verification that the H.S.A. has received the funds from you.

NOTE: This form MUST have completed Check Deposit Forms and/or Cash Deposit Forms attached.