



Cobb County Public Schools Educational Foundation
 PO Box 1088
 Marietta, GA 30061
 Phone: 770-426-3390
 Fax: 678-594-8559

Donations Transmittal - Check(s)

Section A

Credit to:
 1. Fund Name: _____
 2. Donation Purpose: _____
 3. Address: _____
 4. Phone: _____
 5. Total Transmittal Amount: \$ _____ Date: _____

Section B

Donations Received - Checks

Check #	Amount
Total Checks	\$ _____

If more than five (5) checks are received, attach a donation transmittal log.

Section C

Funds Verified by:
 Signature of LSF Treasurer: _____ Date: _____
 Signature of 2nd Counter: _____ Date: _____

Funds for donation must be verified by 2 authorized signatures.

Foundation Administrative Use Only:

Local School Foundation Director or Designee Signature: _____
 Total Funds Verified/Received: \$ _____
 Date Received: _____

Accounting Services Use Only:

Received on: _____ Total Funds posted: \$ _____
 Deposit Date: _____
 JV#: _____
 Accounting Designee Signature: _____