ABC SUPPORT ORGANIZATION

COLLECTION DOCUMENT

## Name of Parent Collecting (Print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Page \_\_\_\_\_\_of\_\_\_\_\_

### DATE OF COLLECTION\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EVENT / PURPOSE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name**  **Amount** **Cash** **Ck**  **Remarks**

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| 24 |  |  |  |  |  |
| 25 |  |  |  |  |  |

## Total Amount Collected on this page: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## (Signature of Person Collecting fund) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**------------------------------DO NOT WRITE BELOW THIS LINE------------------**

Total Amount verified & receipted: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Treasurer’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date Money was received by Treasurer\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Receipt #\_\_\_\_\_\_\_\_\_\_\_\_**

*Prepared by: MNPS for MNPS SSO’s – Revised 2019*

***Document should be retained for review and attached with deposit information***