



Submitted by: \_\_\_\_\_

Extension: \_\_\_\_\_

## NON-CHARITABLE RECEIPTS

Department: \_\_\_\_\_

Date: \_\_\_\_\_

Checks \$ \_\_\_\_\_

CHF Foundation Account Numbers \_\_\_\_\_

Currency \$ \_\_\_\_\_

\_\_\_\_\_

Coin \$ \_\_\_\_\_

\_\_\_\_\_

Credit Card \$ \_\_\_\_\_

\_\_\_\_\_

**TOTAL** \$ \_\_\_\_\_

*Explanation of Income: (Name, Amount, Reason for Deposit)*

	<u>Name</u>	<u>Amount</u>	<u>Reason for Deposit</u>
1.		\$ _____	
2.		\$ _____	
3.		\$ _____	
4.		\$ _____	
5.		\$ _____	
6.		\$ _____	
7.		\$ _____	
8.		\$ _____	
9.		\$ _____	
10.		\$ _____	
11.		\$ _____	
12.		\$ _____	
13.		\$ _____	
14.		\$ _____	
15.		\$ _____	
	<b>Total</b>	\$ _____	

**PLEASE MAKE COPY FOR YOUR RECORDS**