

CROSBY COUNTY 4-H PARENTS' ASSOCIATION
TRANSMITTAL FORM

For Documentation of Transfer of Received Funds

EVENT RECEIVED FROM: _____

Cash:	Receipt Number(s)	_____	\$ _____
		_____	\$ _____
		_____	\$ _____
		_____	\$ _____
		_____	\$ _____

Checks: Check #: _____ _____ _____ _____ _____ _____ _____	Receipt Number(s)	_____	\$ _____
		_____	\$ _____
		_____	\$ _____
		_____	\$ _____
		_____	\$ _____
		_____	\$ _____
		_____	\$ _____

TOTAL TRANSMITTAL \$ _____

2 SIGNATURES REQUIRED

Received From: (Signature) _____
Print Name: _____
Date: _____ / _____ / _____

Received: (Signature) _____
Print Name: _____
Date: _____ / _____ / _____