

Cash Only Report Envelope



*Please fill out envelope completely. Cash only in this envelope.

Department: _____

Division: _____

Address: _____

Work Location: Anchorage Fairbanks Juneau Mat-Su Other _____

Department Keyworker Name: _____

Phone: _____ Email: _____

Department Coordinator Name: _____

Phone: _____ Email: _____

DO NOT separate cash from pledge cards

Number of Donors _____ Amount _____	For Office Use Only
Fundraiser Yes No	# Donors _____ \$ _____
Fundraiser Name _____	Signature _____
Signature _____	Date _____

***MAKE A PHOTOCOPY OF THIS ENVELOPE FOR YOUR RECORDS. ***

PLEASE SEAL ENVELOPE

THANK YOU!

For Nexus Use Only

Envelope # _____

Account # _____

Date _____

Initial _____

For Bank Use Only

Amount \$ _____

Date _____

Initial _____

For Andar Use Only

Envelope # _____

Account # _____

Date _____

Initial _____