



**MI DISTRICT LWML
CASH RECEIPT FORM**

*****PLEASE NOTE: FORM SHOULD ACCOMPANY MONEY SUBMITTED TO FINANCIAL SECRETARY*****

Date Submitted: _____

Received From :

 First & Last Name (Printed): _____

 Contact Info (Phone #) _____

 Contact Info (email) _____

√:	Purpose/Category:	Brief Description (If Applicable):	Amount:
GENERAL:			
□	LWML In Action	_____	□
□	Name Badges	_____	□
□	LWML Store	_____	□
□	Lunches	_____	□
□	Mites	_____	□
□	Other	_____	□
CONVENTION RELATED:			
□	President's Dinner	_____	□
□	Registration	_____	□
□	Shirts & Charms (sales)	_____	□
□	Organ/Music	_____	□
□	Exhibits	_____	□
□	Meals	_____	□
□	General	_____	□
□	Other	_____	□