

DEPOSIT SLIP FOR Women of the ELCA FUNCTIONS

_____ **Lutheran Church**

DATE: _____

PURPOSE/FUNCTIONS: _____

COIN(S): _____

CASH: _____

CHECKS: _____

TOTAL: _____

CHAIRMAN/TREASURER SIGNATURE: _____

MONEY RECEIVED BY & VERIFIED: _____

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PURCHASE SLIP FOR Women of the ELCA FUNCTIONS

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PURCHASE(S): _____

AMOUNT SPENT: _____

RECEIPT ATTACHED: YES / NO = THEN EXPLAIN PURCHASE

BILL SUBMITTED BY: _____

DATE REIMBURSED: _____ CHECK NUMBER: _____ INITIALS: _____

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