

**CCMS Panther Partners
Electronic Transactions Record**

Please place this form in the Panther Partners Box in Lelah's office or submit with any money/checks collected at same event.

Name of Group _____

Name of Fundraiser or Event: _____

Date:	Amount:	Date:	Amount:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

VOLUNTEER IN CHARGE OF PROCESSING PAYMENTS:

Print Name: _____

Signature: _____

In case there is a question regarding these transactions, please provide contact details:

Phone: _____ Email: _____