

REQUEST FOR DONATION RECEIPT

Date: _____

Full name of requester: _____

Disposition of receipt: Name of mail slot: _____

Or: Mailing address: _____

Date of expense	Cost of item	GST	Total +GST	Description of items	Donation to (committee or fund)
Totals					

PLEASE ATTACH RECEIPTS TO THIS FORM SECURELY.

Requestor
Signature: _____ Print name: _____

Committee
Signature: _____ Print name: _____ Position: _____

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