



REVENUE RECONCILIATION FORM

Date Money Received _____

BBBS Staff Person _____

Event Name _____

County: Door Shawano

Amount \$ _____ Type: Cash Check

Thrivent Card / Last 4 digits of card _____
(attach receipts for purchases)

Council Member/Volunteer Name _____

(If cash is collected, second name for verification is required)

Donor _____
(community at large, company, person, tip jar, etc.)

Donor Info (please complete):

Contact Name _____

Address _____

Phone _____

Email _____

| |
|-----------------------|
| Office Use Only: |
| Date Reconciled _____ |
| Initialed _____ |



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