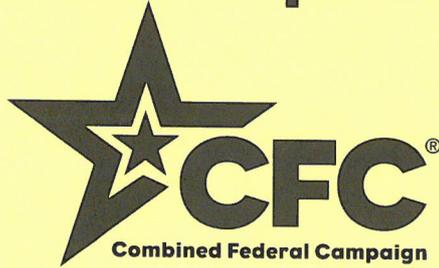


# Cash/Checks Report Envelope



Please fill out envelope completely.

Federal Organization/Agency: \_\_\_\_\_

Address: \_\_\_\_\_

County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Department Keyworker Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Department Coordinator Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**DO NOT separate cash/checks from pledge cards**

For Coordinator Use		For CFC Use Only	
Total # of Check Pledges _____	Total Amt \$ _____	Total # of Check Pledges _____	Total Amt \$ _____
+	+	+	+
Total # of Cash Pledges _____	Total Amt \$ _____	Total # of Cash Pledges _____	Total Amt \$ _____
=	=	=	=
Total # of Pledge Cards _____	Total Amt \$ _____	Total # of Pledge Cards _____	Total Amt \$ _____
CC Signature _____	Date _____	CFC Signature _____	Date _____
CFC Signature _____	Date _____	PCFO Signature _____	Date _____

**\*MAKE A PHOTOCOPY OF THIS ENVELOPE FOR YOUR RECORDS.\***

**\*PLEASE SEAL ENVELOPE UPON VERIFICATION OF CONTENTS WITH CFC OFFICIAL\***

## Thank You!

Nexus Envelope Entry	
Envelope # _____	_____
Account # _____	_____
Date _____ / _____ / _____	_____
Initial _____	_____

Bank Verification	
Amount \$ _____	_____
Date _____ / _____ / _____	_____
Initial _____	_____

Nexus Data Entry	
Envelope # _____	_____
Account # _____	_____
Date _____ / _____ / _____	_____
Initial _____	_____