MINNESOTA WOMEN OF TODAY
STAFF AND STATE PROGRAM MANAGER RECEIPT FORM

ALL CHECKS SHOULD BE MADE PAYABLE TO "MINNESOTA WOMEN OF TODAY"

Date_____

NAME _____ POSITION_____

FUND RAISER/PROJECT _____

RECEIVED OF AMOUNT RECEIVED CHECK #/CASH

TOTAL RECEIVED $ _____
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Submit this form and all funds collected to the **CHAPTER SERVICE CENTER** within **2 weeks** of the deadline for the competition, fundraiser or entry.

Payment of entry fees must be received in FULL before the entry deadline.

TOTAL CHECKS _____

TOTAL CASH _____

TOTAL FUNDS $ _____
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Revised 2008; Reviewed 6/2015 by MNWT Executive Director
Updated 6/2020 by Accountant