Pack 18 Payment *(Attach receipts to form)*

Paid to: _____ Date: _____

Amount: $ _____ Paid by: □ CVC Acct. □ Cash □ Check # _____

For: _____

Signature of Pack Committee Member: _____

Notes: _____

_____

_____

_____

_____

_____

Paid to: _____ Date: _____

Amount: $ _____ Paid by: □ CVC Acct. □ Cash □ Check # _____

For: _____

Signature of Pack Committee Member: _____

Notes: _____

_____

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