

University of Hawai'i Accounting Club
Remittance Form

Member's Name (Last, First, Middle Initial): _____

Amount Enclosed: \$ _____ Event: _____

Amount Enclosed: \$ _____ Event: _____

Amount Enclosed: \$ _____ Event: _____

Member Signature: _____ Date: _____

Executive Member Signature: _____ Date: _____

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Member Signature: _____ Date: _____

Executive Member Signature: _____ Date: _____

University of Hawai'i Accounting Club
Cash Submission Summary Form

From: Name _____ Position _____

Signature: _____ Date: _____

Received by: Name _____ Position _____

Signature: _____ Date: _____

Amount Enclosed: \$ _____ Event: _____

Amount Enclosed: \$ _____ Event: _____

Amount Enclosed: \$ _____ Event: _____

Total Amount Enclosed: \$ _____

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Signature: _____ Date: _____

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Amount Enclosed: \$ _____ Event: _____

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Total Amount Enclosed: \$ _____