

MAKAHIKI CARD SALES SINGLE TRANSACTION FORM

CARD SALES COORDINATOR: _____

UNIT TYPE: _____

EMAIL: _____

UNIT # _____

PHONE # _____

DISTRICT: _____

CARDS SOLD _____

CARDS RETURNED _____

FOR OFFICE USE ONLY:
MONEY TURNED IN \$ _____
BAG/RECEIPT # _____
RECEIVED BY: _____

I UNDERSTAND AND AGREE THAT BY SIGNING FOR THE CARD TRANSACTION AMOUNTS LISTED ABOVE THAT OUR UNIT IS RESPONSIBLE FOR THE TOTAL NUMBER OF CARDS SOLD OR RETURNED AND ALL MONIES ASSOCIATED. I UNDERSTAND AND AGREE THAT OUR UNIT WILL BE CHARGED FOR ANY OUTSTANDING CARDS.

SIGNATURE

DATE

ORIGINAL—COUNCIL COPY

COPY—UNIT COPY

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