



**Combined Federal Campaign
of the National Capital Area**

Form 150

Agency Copy

Special Event Proceeds Form 150

This receipt acknowledges that the federal department or agency listed below is submitting cash proceeds generated from a special event to the Combined Federal Campaign of the National Capital Area. Two volunteers have verified the amount of the deposit by signing and dating this form.

Federal Department or Agency: _____

Bureau or Office: _____

Reporting Unit Number: _____ Form 100 Carrier Number: _____

Cash \$ _____

Checks \$ _____

Total \$ _____ (Enter this amount on Form 100)

Number of Event Donors _____

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Please provide your office contact information in case CFCNCA auditors need to contact you about this deposit.

Signature 1: _____ Date: _____

Print Name: _____

Email Address: _____

Office Phone: _____

Signature 2: _____ Date: _____

Print Name _____

Email Address: _____

Office Phone: _____

Thank you for your support of the Combined Federal Campaign.

**Please retain this copy for your records and submit the other inside the Form 100 Carrier Envelope. Both volunteers must sign and date each copy.*



**Combined Federal Campaign
of the National Capital Area**

Form 150

Audit Copy

Special Event Proceeds Form 150

This receipt acknowledges that the federal department or agency listed below is submitting cash proceeds generated from a special event to the Combined Federal Campaign of the National Capital Area. Two volunteers have verified the amount of the deposit by signing and dating this form.

Federal Department or Agency: _____

Bureau or Office: _____

Reporting Unit Number: _____ Form 100 Carrier Number: _____

Cash \$ _____

Checks \$ _____

Total \$ _____ (Enter this amount on Form 100)

Number of Event Donors _____

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Please provide your office contact information in case CFCNCA auditors need to contact you about this deposit.

Signature 1: _____ Date: _____

Print Name: _____

Email Address: _____

Office Phone: _____

Signature 2: _____ Date: _____

Print Name _____

Email Address: _____

Office Phone: _____

Thank you for your support of the Combined Federal Campaign.

****Please submit this copy inside the Form 100 Carrier Envelope and retain the Agency copy for your records. Both volunteers must sign and date each copy.***