## 2016-2017 DUES & OPTIONAL GIVING TRANSMITTAL REPORT Louisiana Division

(MAKE COPIES AS NEEDED)

CAMP NAME:			CAMP #	
Report By:		Telephone #		
Use this form to re	eport <i>itemized</i> amounts included in your enclosed check to Division		Please print clearly and legibly.	

Α	В	С	D	E	F	N/A
Total Division Dues	Division Operations MRS Line #1	Elm Springs Building Fund MRS Line #2	Giant Flag Fund  MRS Line #3	Camp Moore  MRS Line #4	Louisiana Division Legal Defense Fund MRS Line #5	N/A
\$	\$	\$	\$	\$	\$	\$

G			
ADDITIONAL \$\$ FOR CAMP MRS Line #6 (Retained by Camp)			
\$			

Do not include Optional Giving to your Camp (line G above) in the amount you send to the Division.

This is for accounting purposes only and IRS Verification.

## **GRAND TOTAL**

(Sum of items A-F above)

Check Amount	Check Number	Check Date
\$	#	

## **Return this form with your Check to:**

LOUISIANA DIVISION SCV BOBBY HERRING, DIVISION ADJUTANT P.O. Box 8428 Shreveport, LA 71148-8428

Make Checks payable to: LA Division - SCV

## **IMPORTANT!**

When returning this form, please include a list of the members you are paying for. Your SCV Camp Roster with *highlighted* names will work very well for this purpose, but any legible list that clearly shows who you are paying for will do. Please be sure to include their SCV ID# (if you have it) for cross reference.