LOUISIANA DIVISION

CAMP NAME.

2017-2018 DUES & OPTIONAL GIVING TRANSMITTAL REPORT

CAMP#

(MAKE COPIES AS NEEDED)

5 7						37 <i>11</i>		
Reported By:						Telephone #		
EMAIL A	Address:							
Use this form	to report <i>item</i>	nized amounts	included in your	enclosed chec	ck to Division	Pleas	e print clearly and legibly.	
Α	В	С	D	E	F	N/A	G	
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	ADDITIONAL \$\$ FOR CAMP MRS Line #6 (Retained by Camp)	
\$	\$	\$	\$	\$	\$	\$	\$	
GRAND TOTAL (Sum of items A-F above) Check Amount Check Number Check Date						Check Date	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.	

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.