ALAC FUNDS TRANSMITTAL FORM

Date: _____ Office/Committee:_____

FUNDS TRANSMITTED

Received From (Name/Purpose)	Amount
_____	$_____
_____	$_____
_____	$_____
_____	$_____
_____	$_____
_____	$_____
_____	$_____
_____	$_____
_____	$_____
_____	$_____
_____	$_____
_____	$_____
_____	$_____
_____	$_____
_____	$_____
_____	$_____
_____	$_____
_____	$_____
_____	$_____
_____	$_____

Attach additional sheets as needed

# of checks/money orders _____

TOTAL SUBMITTED $_____

_____

Signature

Send **signed/completed** form to:

Marsha Susag
5302 River Drive
Fargo, ND 58102
dmsusag@msn.com

Updated: 11/30/2018