Oregon State Bar

OREGON STATE BAR SECTION
CASH RECEIVED FORM

Submit to: Oregon State Bar, Attn: Accounts Payable. P.O. Box 231935, Tigard, OR 97281-1935

Section Name: _____ Date: _____

Treasurer: _____

In Payment of: _____

Cash or Checks Received

Remitted By	Attendants(s)	Date of Check	Amount
		Total $	0.00

Credit Acct #: _____

Report Prepared by: _____ ***Date:*** _____