



# SECTION CASH/CHECK RECEIPT FORM

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

Section Name: \_\_\_\_\_

Date: \_\_\_\_\_

Treasurer: \_\_\_\_\_

For Payment of: \_\_\_\_\_

Remitted By	Attendants	Date of Check	Amount

Apply Funds to Account #: \_\_\_\_\_

Report Prepared by: \_\_\_\_\_

Total \$\$ Amt. Recv'd →

Total \$\$ Cash Recv'd →

Total \$\$ Checks Recv'd →

Number of Checks Recv'd →