

## Community Fund Management Foundation

17900 Jefferson Park, Suite 102 • Middleburg Heights, OH 44130 (216) 736-4540 • Fax: (216) 867-9783 • www.cfmf.org

## **Receipt Log for Advances**

Please complete, attach legible copies of receipts, and return to the above office by mail or fax.

Agreement No.	Name of Beneficiary		
Agreement No.	Name of Beneficiary		
Distribution Amount Previously Approved			\$
Distribution / Amount 1 Toviously / Approved			Ψ
Minus: Total Value of Receipts Attached (List below)			- \$
Timiladi Tatai Yalad di T	(2101 2011	,,	Ψ
Date of	Description of	Amount on	
Receipt	Purchase	Receipt	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
	1	1 *	
Equals: Total Value of Receipts Still Due to CFMF			\$
Equals. Foldi Value of Recoipte Still Bue to Of Wil			Ψ
I declare that the information provided on this form is accurate and current.			
decide that the infor	nation provided on this i	orm is accurate and	ourront.
Printed Name of Designated Advocate			
Signature of Designate	ed Advocate	-	