

2009 CITY OF LOS ANGELES
COMBINED CHARITABLE CAMPAIGN

ACCOUNTING REPORT FORM

Coordinator Name: _____

Department Name: _____ Department Code: _____

Address: _____ City: _____ Zip: _____

Telephone: (____) _____



Please complete all information requested below. Thank You!

<u>CATEGORY</u>	<u>AMOUNT COLLECTED</u>
CASH COLLECTED	\$ _____
CHECKS COLLECTED	\$ _____
CASH/CHECK TOTAL:	\$ _____

**TOTAL NUMBER OF
PAYROLL GIVING FORMS INCLUDED:** _____

ONE-TIME DONATIONS ARE NOT PAYROLL DEDUCTIONS.
THEY MUST BE CASH OR CHECK DONATIONS.

DO NOT DETACH ANY PORTION OF THE PAYROLL GIVING FORMS.



Please deliver this Report Form with ALL Payroll Giving Forms (for payroll deductions, special designations, and one-time gifts) and checks to the Lead Department.

Please turn in all items NO LATER THAN NOVEMBER 17, 2009 to:

**LAURA TREJO
Department of Aging
3580 Wilshire Blvd. – Suite #300
Los Angeles, CA 90010**

**GRAY MAIL STOP
#857 – Los Angeles Department of Aging**