



PAC Receipt Verification Form

Date: _____

From: _____
Name of Chapter

1. PAC Envelope Total \$ _____
(Attach all envelopes associated with this deposit)

2. Total Amount of Money Order \$ _____
Cash donations converted to money order

3. Total Amount of Checks \$ _____

4. Total Amount for Deposit \$ _____
Line 2 and 3 must equal Line 4

5. Credit Card Contributions: \$ _____
Enter the total amount of credit card contributions

6. Grand Total of Contributions: \$ _____
Line 4 and 5 equal Line 6

Lines 1 and 6 must be identical.

Prepared by: _____ Phone _____
Your name and phone number

Submit to UPMA PAC, 8 Herbert St, Alexandria VA 22305