



DATE: 10-26-2017

901 Andrade Avenue, Calexico, CA 92231

(760) 768-3937 • Fax (760) 768-3889

DONATION SUBMISSION FORM

Name: Richard Romero Phone: _____

Address: _____

Amount: \$ 43.30

I would like my donation to be applied to: (School/Site)
Dool School

And be used for: Halloween Carnival

Thank You

Please include this form with each donation. A donation acknowledgement letter will be mailed to the address listed above. Thank you for your donation to CUSD.

For CUSD USE	
Date	Department
	Received by Site
10/31/17	Received by Business Office

11/9 BM

Party City

3009 S DOGWOOD
EL CENTRO, CA 92243
760 353-6520

013051690830 ORNG TICKET \$40.00 T
ORNG TICKET ROLL ADMIT ONE
4 @ \$10.00

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SUBTOTAL	\$40.00
GEN MERCH TAX @ 8.250%	\$3.30
TOTAL	\$43.30
CR VISA	\$43.30

ITEMS = 4

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CR VISA SALE \$43.30
XXXXXXXXXXXX9127 CHIP
APPR: 95708D
JOURNAL: 0401110889257502

AID: A0000000031010
Application Label: VISA CREDIT
Cryptogram Type: TC
Cryptogram: 69480629B5AD1AFB

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STORE 401 TRN 210 REG 1
10-24-2017 05:49:36 PM

OGH 160H 001 0810

