

**PENSACOLA STATE COLLEGE
CLUB/ORGANIZATION RECEIPT FORM**

Name of Organization Phi Theta Kappa (Pensacola Campus)

Account Number 651030 00 0105 21100

Date _____

Source of Funds (i.e. Donations, Sale of Goods, Advertising Revenue) _____

Membership Dues \$85.00

Date of Check	Name of Original Depositor	Check Number	Amount
CHECKS:			
CASH:			

Total Deposit \$ _____

Signature _____