



Interfilk
 c/o Central Pediatrics
 101 Fitness Way
 Suite 1100
 Athens, AL 35611
 USA

Receipt

Date:

Name:

Address:

City:

Description of Item	Category
1	<input type="checkbox"/> Donated <input type="checkbox"/> Actual Value <input type="checkbox"/> Purchase <input type="checkbox"/> Amount Paid
2	<input type="checkbox"/> Donated <input type="checkbox"/> Actual Value <input type="checkbox"/> Purchase <input type="checkbox"/> Amount Paid
3	<input type="checkbox"/> Donated <input type="checkbox"/> Actual Value <input type="checkbox"/> Purchase <input type="checkbox"/> Amount Paid
4	<input type="checkbox"/> Donated <input type="checkbox"/> Actual Value <input type="checkbox"/> Purchase <input type="checkbox"/> Amount Paid
5	<input type="checkbox"/> Donated <input type="checkbox"/> Actual Value <input type="checkbox"/> Purchase <input type="checkbox"/> Amount Paid
6	<input type="checkbox"/> Donated <input type="checkbox"/> Actual Value <input type="checkbox"/> Purchase <input type="checkbox"/> Amount Paid

Authorized Signature: