

## Miscellaneous Receipt Submission

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Reason of Submission: \_\_\_\_\_

Account to be credited: \_\_\_\_\_

Total amount enclosed: \_\_\_\_\_

Please return this form to:  
**Chris Wolford, Treasurer**  
**5020 B College Corner Pike**  
**Oxford, OH 45056**  
**513-523-2181**

Accounts: Please contact us by e-mail if you have any questions as to which accounts to use or instructions on how to fill out this form.

[kkprincell@gmail.com](mailto:kkprincell@gmail.com)