

CHAPEL TITHES AND OFFERING FUND (CTOF) RECEIPT		
I certify that I have received payment from the _____ CTOF as noted below.		
INVOICE NUMBER	PAYMENT AMOUNT	REASON FOR PAYMENT
ADDITIONAL INFORMATION/REMARKS		
RECIPIENT'S PRINTED NAME	RECIPIENT'S SIGNATURE	DATE
<b>ACCOUNT MANAGER: PAYMENT WAS MADE AS STATED ABOVE</b>		
PRINTED NAME	SIGNATURE	DATE

AF FORM 4361, 20150806

PREVIOUS EDITION OBSOLETE

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Prescribed by: DAFI52-105