

## Commonwealth of Virginia Campaign

## **CVC Event Tracking Form**

**Instructions**: Please use this form to track check and cash donations at in-person fundraising events. Complete the information below regarding the event, agency, and the charity. If you are fundraising for multiple charities, please use a separate tracking form for each charity. Undesignated funds will be donated to the Virginia State Employee Assistance Fund (VSEAF). Once this form is complete, please convert all cash received into a money order or check. Fill out a transmittal report to include this event tracking form and all checks and follow the instructions on the transmittal report to mail it to the CVC deposit box.

| man it to the CVC deposit box.       |   |  |
|--------------------------------------|---|--|
| Date:                                |   |  |
| CVC Coordinator Name:                |   |  |
| Agency Code:                         | State Agency Name:  |  |
| Department/Work Unit:                |   |  |
| Event Name:                          |   |  |
| Total Amount Raised at Event:        |   |  |
| Undesignated Funds (Unde             | signated funds go to the VSEAF)   |  |
| Designated for a Charity:            |   |  |
| Charity CVC Code:                    | Undesignated funds go to the VSEAF)   |  |
| CVC Coordinator Signature:           | Verified by:  |  |
| Notes:                               |   |  |
| 1) Diagram and a second manager from | which a physical shoot on each was callected. All denotions made electronically via |  |

- 1) Please only record names for which a physical check or cash was collected. All donations made electronically via credit card or payroll deduction pledge will be counted.
- 2) Each donor listed below will be tracked as a separate donation.

| <b>Donor Name</b> | Check/Cash | Amount | <b>Donor Name</b> | ( | Check/Cash | Amount |
|-------------------|------------|--------|-------------------|---|------------|--------|
|                   | Check      |        |                   |   | Check      |        |
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