



USATF THREE RIVERS ASSOCIATION  
INCOME TRANSMITTAL FORM

DATE SUBMITTED: \_\_\_\_\_

AMOUNT: \$ \_\_\_\_\_

SUBMITTED BY: \_\_\_\_\_

	Check #/Cash	Amount	Date	Name	Indicate Committee, Purpose, Category <i>(or any other relevant information; Indicate any category split)</i>
1					
2					
3					
4					
5					
6					
7					
8					
9					
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11					
12					
13					
14					
15					
16					
17					
18					
<b>TOTAL</b>		\$	-		