



Law Enforcement Torch Run® T-SHIRT RECONCILIATION FORM (short sleeve only)

(Person who received shipment of shirts is responsible for reconciliation of funds and t-shirts)

Name: _____
Agency: _____
Address: _____
City, State, Zip: _____
Phone: wk _____ hm _____ fax _____
E-Mail : _____

RECONCILIATION

Date: _____ Purpose: _____
(List Special Event Name if applicable)

Funds Returned:

of shirts sold _____ x \$12.00 = \$ _____

Shirts Returned Unsold:

S _____ XL _____
M _____ 2X _____
L _____ 3X _____

Total Shirts Returned _____

Internal use only

Date Returned: _____ Funds Received: \$ _____

Cost of Shirts Returned: \$ _____ Deposit #: _____