



**National Headquarters**

410 W. Chestnut St. Suite 530

Louisville, KY 40202

Phone: 1-502-561-3001

FAX: 1-502-561-3004

E-Mail: [dinfo@dreamfactoryinc.org](mailto:dinfo@dreamfactoryinc.org)

Website: [www.dreamfactoryinc.org](http://www.dreamfactoryinc.org)

**Receipt for Cash Given to Dream Families**

Did the person receiving the cash provide identification? ( ) YES

DREAM CHILD: \_\_\_\_\_ DREAM #: \_\_\_\_\_ TRAVEL DATE: \_\_\_\_\_

RECEIVED FROM THE DREAM FACTORY OF \_\_\_\_\_ FOR ONE OR ALL OF THE LISTED CATEGORIES:

MEALS: \$ \_\_\_\_\_

GAS: \$ \_\_\_\_\_

MOTEL/HOTEL: \$ \_\_\_\_\_

SPENDING MONEY: \$ \_\_\_\_\_

ATTRACTIONS: \$ \_\_\_\_\_

CAR RENTAL: \$ \_\_\_\_\_

CAR INSURANCE: \$ \_\_\_\_\_

OTHER: \$ \_\_\_\_\_ TOTAL RECEIVED: \_\_\_\_\_

*(NOTE: NOT ALL CATEGORIES MAY APPLY TO EVERY DREAM)*

PARENT/GUARDIAN NAME: \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

VOLUNTEER SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Check #: \_\_\_\_\_

Date: \_\_\_\_\_