

# The Grand Chapter of North Carolina Transmittal Form 2025-2026

This form is designed to reduce errors in applying your Chapter funds to the accounts on the books of Grand Chapter. **It MUST be used when submitting ALL funds to the Grand Chapter Office.** Please remit ONE check made payable to: Grand Chapter of NCOES

Mail to: **Grand Chapter of NC, OES**  
**172 Gumberry St.**  
**Garysburg, NC 27831**

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

Chapter \_\_\_\_\_ No. \_\_\_\_\_ District No. \_\_\_\_\_

Secretary's Address: \_\_\_\_\_

Phone No. (Home) \_\_\_\_\_ (Work/Cell) \_\_\_\_\_

Email Address \_\_\_\_\_

Chapter Officers Names:

WM \_\_\_\_\_ Sec \_\_\_\_\_ Treas \_\_\_\_\_

Sale of Supplies: Class 1

403.00 Sale of Supplies Class 1 (list all)

Invoice No. \_\_\_\_\_ Amt. \_\_\_\_\_

403.01 Sale of Proceedings Class 15 Amt. \_\_\_\_\_

Sub Total \_\_\_\_\_

WhiteStone: Class 2

410.03 WhiteStone Memorials/Honorariums

Amt. \_\_\_\_\_

410.06 WhiteStone Other Contributions

Amt. \_\_\_\_\_

Sub Total \_\_\_\_\_

Grand Chapter Scholarship: Class 3

415.01 Scholarship Contributions Amt. \_\_\_\_\_

415.19 District Schools Amt. \_\_\_\_\_

415.32 Jar Openers Amt. \_\_\_\_\_

Sub Total \_\_\_\_\_

**ESTARL: Class 4**

**420.01 Sunday Church Service** Amt. \_\_\_\_\_

**420.02 Contributions** Amt. \_\_\_\_\_

**420.05 Official Visits/Inspections** Amt. \_\_\_\_\_

**420.09 February Love Offering** Amt. \_\_\_\_\_

**Sub Total** \_\_\_\_\_

**Disaster and Benevolence Fund: Class 5**

Amt. \_\_\_\_\_

**Sub Total** \_\_\_\_\_

**Regenerative Medicine: Class 6**

**426.00 Contributions** Amt. \_\_\_\_\_

**426.05 Travel Aid Kit** Amt. \_\_\_\_\_

**Sub Total** \_\_\_\_\_

**Service Dogs: Class 7**

**427.00 Contribution** Amt. \_\_\_\_\_

**427.03 D Series Dollar Bills** Amt. \_\_\_\_\_

**427.04 Plastic Bag Holders** Amt. \_\_\_\_\_

**427.05 District Projects** Amt. \_\_\_\_\_

**Sub Total** \_\_\_\_\_

**Other Donations/Contributions: Class 18**

**2019 International Order of Rainbow for Girls**

Amt. \_\_\_\_\_

**Sub Total** \_\_\_\_\_

**TOTAL FUNDS BEING TRANSMITTED TO GRAND CHAPTER \$** \_\_\_\_\_

**Check Number** \_\_\_\_\_ **Date** \_\_\_\_\_ **Submitted by** \_\_\_\_\_

**Send ONE check for the total funds being transmitted!!**

**We do not accept cash in the office – submit only checks. We do not accept payments to the Foundation, THSN or Camp Rainbow. They have their own transmittal forms.**

**June 2025**

**Approved by the Clearing Committee.**