

Deposit Form

Deposit No.: _____ Date: _____

Committee/Project: _____

Prepared By: _____

Deposit Details

Source of Income	Description	Account	Amount (\$)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Total Deposit Amount: \$ _____

Payment Method (check all that apply):

Cash Checks Credit Card Other _____

Verification

Reviewed By (Treasurer): _____

Date Recorded: _____

Attachments Required:

Deposit Slip Supporting Documentation