

DEPOSIT REQUEST

Name of Committee/Shop _____

Amount from Sales of Merchandise \$ _____

Other (please explain) \$ _____

Total Amount to be deposited \$ _____

Committee/Shop authorization (please initial) _____

Received by Treasurer/Asst Treasurer (please initial) _____

Amount deposited \$ _____

Date of deposit _____

Deposited by (please sign) _____

Note to Treasurer/Assistant Treasurer – please attach deposit slip from bank