		ם סםו			
	FUN	ם כחו	EPOSIT		
COMMITTEE NAME:					
DEPOSIT SUBMITTED BY:					
UBMISSION DATE:					
UTHORIZED SIGNATURE:					
ATE AUTHORIZED:					
EPOSIT SUMMARY					
IUMBER OF CHECKS:		at	\$	= \$	
		<u></u> at	\$	=\$	
		at	\$ \$	_=\$	
			\$ \$		
	CASH		\$		
			TOTAL DEPOSIT		
EVENUE FROM:					
Budget Category		Deposit For		Amount	
					\$
					\$
					<u>+</u>
					<u>≭</u> ¢
					<u> </u>
					<u> </u>
					<u>\$</u>
REAKDOWN: ist checks individually by check	k number, amoun	t and na	me or attach a dei	tailed listing fr	om vour records
Check number Amoun			Name/Pay	-	om your records.
			<u>itanic/ray</u>		

(Please use the back of this form if needed)

DATE RECEIVED: _____ DATE DEPOSITED: _____

TREASURER'S SIGNATURE: _____