

Receipt #

DEPOSIT SLIP

Received By: _____

Type of Account: ASB/Club | District-Clearing | Co-Curricular

Date: _____

Fund/Club Name: _____

Deposit To: _____ - _____ - _____ - _____
Fund Org Acct Program

Cash:	_____
Checks:	_____
Total:	_____

Reason for Deposit (check one box only):

- Donation Unspent Adv Ck #: _____ Fundraiser: _____
 Dues Other: _____

Employee/Advisor Name: _____

Print Name

Depositor: _____

Signature