## **SMPW DEPOSIT FORM**

Date:
Team:
Event:
Your Name:
Phone or email:
Total cash amount:
Total Check amount:
Debit Card Sales (yes/no):
Counted and verified by:
Board Member Signature:
Deposit Date:

\*\*\*CHECKS COLLECTED ARE ITEMIZED ON THE FOLLOWING PAGE\*\*\*

## **ITEMIZATION OF CHECKS RECEIVED**

NAME	CHECK #	CHECK AMOUNT

Board Member Signature:\_\_\_\_\_

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