



DEPOSIT VERIFICATION FORM

DATE: _____

TOTAL OF DEPOSIT: _____ - _____

SCHOOL/LOCATION: _____

SOURCE OF MONEY: _____

Sponsor receipt numbers verified: From: _____ To: _____

Bookkeeper receipt numbers verified: From: _____ To: _____

Account Number for Deposit: _____

DEPOSIT BREAKDOWN

Currency: _____

Coin: _____

Checks

Date of Check	Check #	Name on Check	Amount
			-
			-
			-
			-
			-
			-
			-
			-
			-
			-
			-
			-
			-
			-
			-

Checks Total (this page): _____ - _____

Checks Total (all pages): _____ - _____

Attach to Daily Deposit Report Form.
Deposit should be sent to the Business Office's Accountant DAILY.

SPONSOR'S SIGNATURE (REQUIRED)

CAMPUS SECRETARY (REQUIRED)