

East Goshen H.S.A.

Deposit Request to Treasurer

Committee/budget item: _____

Name of committee chairperson: _____

Expected revenue: _____

Deposit request

Name of person submitting funds for deposit: _____

Name of the company _____ (if more than one on the deposit slip.

Check # _____

Checks: \$ _____

Cash: \$ _____

Total deposit: \$ _____

Detail of deposit: _____

If you want a confirmation of deposit:

Name _____

Email _____

*******Treasurer will attach copy of deposit slip or write check names on this sheet, and the deposit receipt from the bank. *******

Date: _____ Amounts: _____ Initials: _____