

Revenue Deposit Form

***Area/Delegation Code:**

Submission Date:

***Submitted By:**

*Check Date	*Check #	*Revenue Source	*Event	*Amount	Office Use
__/__/__		<input type="checkbox"/> Individual <input type="checkbox"/> Corporate <input type="checkbox"/> Foundations	<input type="checkbox"/> Program Fees <input type="checkbox"/> Civic Service/Schools <input type="checkbox"/> Merchandise Sales		
__/__/__		<input type="checkbox"/> Individual <input type="checkbox"/> Corporate <input type="checkbox"/> Foundations	<input type="checkbox"/> Program Fees <input type="checkbox"/> Civic Service/Schools <input type="checkbox"/> Merchandise Sales		
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***Total Deposit Amount:**

*Spaces marked with an asterisk must be completed before the check can be cut.