



OFFICE OF THE CLERK AND TREASURER
DEPOSIT SUBMISSION FORM

DATE SUBMITTED _____

RECEIPT TO BE ISSUED TO : _____
(The name of Person, Entity or Organization that receipt should go to)

OFFICE, DEPARTMENT AND/OR NAME OF PERSON SUBMITTING DEPOSIT

Name of person submitting deposit Office or Department (if applicable)

FUNDS TO BE APPORTIONED AS FOLLOWS: (SUBJECT TO EDIT BY TREASURER AND/OR AUDITOR)

Fiscal Year	Fund	Dept	Acct #	INFORMATION	TOTAL
Total (A)of Receipt					

DEPOSIT INFORMATION

CASH FOR DEPOSIT	dollars	cents	Verification	Initials
currency			Submitter	
coins			Treasurer's office	
TOTAL				

CHECK NUMBER	AMOUNT	NAME listed on check (or indicate if it will be a direct deposit)
		TOTAL (B) of cash and checks (Totals A and B must equal)