

DEPOSIT FORM

Sutter-Yuba Counties 4-H Council

DATE: _____

FUNDS PROVIDED FOR DEPOSIT BY: _____
Name of individual

AMOUNT PROVIDED FOR DEPOSIT: \$ _____
Please use exact amount

SOURCE OF INCOME (please specify the fundraiser, event or payment purpose):

Use similar description as in line items from Council or Sub Account budget if applicable

SUBACCOUNT TO CREDIT—REQUIRED (please check the appropriate box):

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> Equine Advisory | <input type="checkbox"/> SET | <input type="checkbox"/> Camp | <input type="checkbox"/> Camp Scholarship |
| <input type="checkbox"/> Military Partnership | <input type="checkbox"/> Spring Fair | <input type="checkbox"/> Fashion Revue | <input type="checkbox"/> Agnes Puckett Fund |
| <input type="checkbox"/> Mary Staas Memorial | <input type="checkbox"/> Alfred Garcia Fund | <input type="checkbox"/> Disbanded Club | <input type="checkbox"/> FOCUS Participants |
| <input type="checkbox"/> Insurance | <input type="checkbox"/> Council General Account | <input type="checkbox"/> Other: _____ | |

TREASURER &/or OFFICE USE ONLY

CHECK ISSUED BY: _____

DATE: _____

RECEIVED BY: _____
Print Name

SIGN: _____
Signature

DATE: _____

Please include the ORIGINAL receipt or bill with the check request form. If the check is for a donation, the item MUST have been approved at a council meeting and recorded in the minutes or the check request cannot be processed.