

SMPW DEPOSIT FORM

Date: _____

Team: _____

Event: _____

Your Name: _____

Phone or email: _____

Total cash amount: _____

Total Check amount: _____

Debit Card Sales (yes/no): _____

Counted and verified by: _____

Board Member Signature: _____

Deposit Date: _____

CHECKS COLLECTED ARE ITEMIZED ON THE FOLLOWING PAGE

