



FAIRVIEW PARK ATHLETIC CLUB DEPOSIT FORM

Full Team Name _____
 (if applicable, include high school or middle school, boys or girls)

Submitted by _____

Date Submitted _____ **Total Deposit Amount** _____

Complete the following information for your deposit (if you need more space for checks, please continue listing check # and amount on the back of this form):

CASH	QTY	TOTAL
\$50.00		
\$20.00		
\$10.00		
\$5.00		
\$1.00		
\$0.25		
\$0.10		
\$0.05		
\$0.01		
TOTAL CASH		

CHECK #	CHECK AMT	CHECK #	CHECK AMT
TOTAL CHECKS			

Description of Source of funds (i.e. car wash, banquet income) _____

The deposit information has been examined by me and to the best of my knowledge and belief, is correct. I acknowledge that if a check is returned NSF, fees associated will be debited from the team account.

Team Delegate Signature _____ **Date** _____

For Treasurer Use Only

Amount submitted reconciles with amount indicated: Yes No

If No, delegate contacted how/when _____

Account to Credit _____ Budget Line Item _____

Officer Approval Signature _____

Deposit Date _____ Ledger Input Date _____