AFA Deposit Form

Event/Committee: _____ Name:_____

Email:_____ Date: _____ Date of Event: _____

Coin: $_____

Currency: $_____

Total Cash: $_____

Total Checks: $_____   Number of Checks: _____

Total Deposit: $_____

Less Original
Cash Box Amount: $_____

Net Deposit: $_____

Deposit counted by: _____

Deposit verified by: _____

Keep this copy for your committee notebook

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Event/Committee: _____ Name:_____

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Coin: $_____

Currency: $_____

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Total Checks: $_____   Number of Checks: _____

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Treasurer's Copy