



SPECIAL DISTRICT DEPOSIT DETAIL

_____ FUND _____ ORG _____ DISTRICT NAME _____

TOTAL DEPOSIT: \$ _____ DEPOSIT DATE: _____

All checks must be restrictively endorsed prior to submitting them for deposit.

DATE	REVENUE SOURCE/DESCRIPTION	ACCOUNT	AMOUNT	DATE EARNED	NOTES
			\$		
			\$		
			\$		
			\$		
			\$		
			\$		
			\$		
			\$		
			\$		
			\$		
			\$		
			\$		

TOTAL

CONTACT: _____

PHONE: _____