



DEPOSIT REQUEST

Date of Request _____

Name Of Person Collecting Funds _____

Committee or Event _____

	Member Name or Company	Account	Check #	Check Amount	Cash Amount
1				\$	\$
2				\$	\$
3				\$	\$
4				\$	\$
5				\$	\$
6				\$	\$
7				\$	\$
8				\$	\$
9				\$	\$
10				\$	\$
11				\$	\$
12				\$	\$
13				\$	\$
14				\$	\$
15				\$	\$
16				\$	\$
17				\$	\$
18				\$	\$
			Total	\$	\$
				Deposit TOTAL	\$

Instructions:

1. **VERIFY** each check for Payee is QGGH or QGGHouston, date is within 6 months, and written **AMOUNT** equals the numbers written.
2. Stamp the back of each check, if you are in possession of a Frost Deposit Stamp.
3. Email Treasurer@qgghouston.org for assistance for Account if not known.
4. Cash and Checks should be totalled in each column, then Deposit Total written in the box.
5. If in possession of a deposit slip, please write the CASH total in the currency line, and each last name and amount on lines 1 to 18. Total Deposit should equal the total on this form.

<i>For Treasurer's Use Only</i>	
Deposit Date _____	In QB: _____