

## **EHSABC Committee Deposit Form**

Print this form, complete the fields below, and then use the cash and check distribution tables on to document cash deposits and itemize checks submitted for deposit into your committee account. Include this form with your deposit when turning over to the EHSABC Board for deposit into your account.

Committee: \_\_\_\_\_ Account: \_\_\_\_

Date of Deposit:			Source of Funds:		
Total Cash Deposits: _			Total Check Depo	osits:	
Cash Distribution	Number	Amount	Γ	Check Detail	
Pennies			•	Check#	Amount
Nickels					
Dimes					
Quarters					
Other Coin					
\$1					
\$5					
\$10					
\$20					
Other Bills					
Total			-	Total	
*If you have checks the	at exceed th	ne space pro	ovided on this form,	contact the E	HSABC Treasurer for
assistance at EHSABC.	Treasurer@	gmail.com			
Committee Represent	ative Signat	ture:			
EHSABC Officer Signat	ure:				