



CCS FOUNDATION DEPOSIT FORM

DATE: _____

TOTAL CASH _____

TOTAL CHECKS _____

TOTAL DEPOSIT _____

Attach an adding machine tape to verify totals.

DESCRIPTION OF RECEIPTS:

(Check one)

- Contributions
- Special Events Fees
- Sales and services
- Expenditure Recovery
- Other income (please explain)

FUND MANAGER _____
(SIGNATURE)

FUND NAME _____

FUND NUMBER _____

All cash and checks are to be forwarded to the foundation within one business day of receipt. This form must accompany all amounts sent to the foundation.
