

CUW Deposit Form

Counter 1 Name:	Signature:
Counter 2 Name:	Signature:

Date	Description of Deposit	Budget Account	Type	Amount	<u>Budget Acct</u>
					Donation
					Fundraiser
					Hats
					Insurance Refund
					Nat'l Membership
					Other
					Pin
					Sales Stand
					State Member.
					T-Shirt Sales
					<u>Deposit Type</u>
					Cash Box Begin
					Coin
					Cash
					Check
					Credit

Send to: Pat Kroll
 64 Dry Bone Rd
 Highland, WI 53543