



kamloopslongblades.ca

**REVENUE for Deposit FORM**

NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE	AMOUNT	Description & Cheque #, Cash etc.
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Treasurer signature: \_\_\_\_\_

President's or Director's signature: \_\_\_\_\_

DATE OF DEPOSIT \_\_\_\_\_

Revenue to Program \_\_\_\_\_

**Please attach all cheques/cash – ensure each item is clearly described**