

**DEPOSIT REQUEST**  
(TO BE KEYED BY COUNTY OFFICE)

Fund \_\_\_\_\_ PAGE \_\_\_ OF \_\_\_

**INCOME**

**Invoice #	RESOURCE	AGENCY	ORGN	GOAL	FUNC	REV	LN	PROVIDER #	PROVIDER NAME	AMOUNT	CHECK #/DATE & DESCRIPTION
TOTAL											

**ABATEMENTS OF EXPENDITURES**

**Invoice #	RESOURCE	AGENCY	ORGN	GOAL	FUNC	OBJ	LN	VENDOR #	VENDOR NAME	AMOUNT	CHECK #/DATE & DESCRIPTION
TOTAL											

\*\*ITEMS WHICH WERE SET UP AS ACCOUNTS RECEIVABLE OR ABATEMENTS IN PRIOR YEAR

Date of Deposit \_\_\_\_\_  
Deposit Number: \_\_\_\_\_

**For District Use**  
District : \_\_\_\_\_  
Date : \_\_\_\_\_

DISTRIBUTION  
ORIGINAL - County Office  
CANARY - District Verification  
pdf\_PINK - District