Stanislaus County Office of Education

TOM CHANGNON, Superintendent
1100 H Street, Modesto, CA 95354
External Services (209) 238-1975 Fax: (209) 238-4225

DEPOSIT REQUEST

(TO BE KEYED BY COUNTY OFFICE)

Fund _____ PAGE ___ OF ___

INCOME

*Invoice #	FD-Resc-Y-Objt-Goal-Func-Ste-Orgn-D2	LN	Provider#	Provider Name	Amount	Check #/Date & Description
				TOTAL	$0.00	

ABATEMENTS OF EXPENDITURES

*Invoice #	FD-Resc-Y-Objt-Goal-Func-Ste-Orgn-D2	LN	Provider#	Provider Name	Amount	Check #/Date & Description
				TOTAL	$0.00	

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

Date of Deposit _____

Deposit Number:_____

For District Use

District : Select School District

Date :_____

DISTRIBUTION

DIST: Original and copy to SCOE

SCOE: Stamp Auditor's permit number and date

COPY: Send back to DIST

RESET PRINT

f:\dfunds\forms\districtforms\depositrequest.pdf