LOCAL PROGRAM DEPOSIT TICKET

*Must be completed and included when submitting checks to the State Office

Date _____ **Local Program #** _____

Total of Checks _____ **# of Checks** _____

Submitted By _____

Email address _____

# of Checks	Description *	Amount	Explanation-i.e Type of fundraising event
	Total	-	

Description	
Corp -	Corporate Contribtutions
Orgs-	Organizations & Association
Grants-	Foundation Grants
Ind-	Individual Contributions
Fundraiser-	Fundraisers - **Must include explanation**
Souvenirs-	Souvenirs
Concession-	Concessions
Other-	Other