



**York Suburban
All-Sports Booster Club**

DEPOSIT SLIP

Date Submitted:	
Prepared By (name):	
Total Amount for Deposit: (attach deposit detail)	
Deposit For: (committee/budget line description)	
Signature: Team Rep: Coach:	Signature: Treasurer: Pres./VP: AD:

For Treasurer Use Only

Date Received:	
Date Deposited:	
Amount Deposited:	
Committee / Budget Line Item (s):	
Notes/Comments	

