

**CROSSROADS SERVICE UNIT
DEPOSIT SLIP**

Submit to Crossroads Treasurer

TODAY'S DATE: _____
EVENT NAME: _____
EVENT DATE: _____

Cash:
Checks:
TOTAL DEPOSIT

Event Organizer: _____

Signature: _____
(submitted by)

**Include Event and Date
in memo line of each check**

For Bookkeeping Use only:
Deposit Amount Verified By:
Date Deposited:

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