

RSST Funds for Deposit Transmittal

Date of this Transmittal: _____

Date of event for which funds were collected _____

Name of event for which funds were collected _____
do not combine events or categories in deposit
Budget category for events _____

Signature of person responsible for the collection of funds **X** _____

Person #2 signature verifying amount of transmittal **X** _____

Attach copy of deposit slip here

Deposit breakdown:

Coins:					.			
Cash:					.			
Checks:					.			
TOTAL DEPOSIT:					.			

Attach 2 copies of sales/concessions forms to back.

50s

Sales:					.				_____
6% Tax Collected:					.				_____

20s _____
10s _____
5s _____
1s _____

To be completed by the Treasurer:

Amount Deposited: \$ _____
Date Deposited: _____
Posted to Budget Category Name: _____
Signature of the Treasurer **X** _____

RSST Deposit Number # _____



Receipt of funds to be kept by Committee Chair:

Treasurer Signature: _____
Date: _____
Budget Category: _____
Amount of Deposit: \$ _____