

Received by: _____

CHATTOOGA COUNTY EXTENSION

DEPOSIT VOUCHER

(All deposits need to be verified by two people before being submitted)

Submitted by: _____

Group or Organization: _____

Event or Program: _____

Date of Event or Program: _____

How funds were raised (i.e. bake sale, trail ride, fun shoot, plant sale, etc.): _____

Amount of Funds to Be Deposited: _____

**All funds must be verified by two people –
preferably a group officer or member of advisory group**

Funds verified by:

Print Name 1:

Sign Name 1:

Date:

Print Name 2:

Sign Name 2:

Date: