MILES COMMUNITY COLLEGE

Miles Community College Foundation

EVENT DEPOSIT FORM

ATHLETIC TEAM: _____

EVENT: _____

EVENT ORGANIZER(S): _____

DEPOSIT AMOUNT: _____

CHECK TOTAL: _____ CASH TOTAL: _____

ATTACH ITEMIZED LIST OF CHECKS

ATTACH ANY OTHER SUPPORTING DOCUMENTS

IF THERE ARE PAYOUTS RELATED TO THIS EVENT OR BILLS TO BE PAID FOR EVENT COSTS, FILL OUT A PAYMENT REQUEST FORM FOR ANY CHECKS TO BE WRITTEN OUT

_____
EVENT ORGANIZER'S SIGNATURE

_____ _____
ATHLETIC DIRECTOR'S SIGNATURE DATE

_____ _____
DIRECTOR OF INSTITUTIONAL ADVANCEMENT'S SIGNATURE DATE

_____
DATE DEPOSIT MADE
(COPY OF DEPOSIT SLIP ATTACHED)