

Skyline Friends of the Arts (SFA)

Skyline High School, Ann Arbor, MI

Deposit Form – Additional Page

Division: SFA/Band/Choir/Orchestra/Theatre *(Please select one)* **Sub-Account:** _____

Purpose: _____

(Please mention the name of the Program/Event for which the deposit is intended)

No.	Paid Date	Student First & Last Name	Class	Item Description (e.g. Dues, T Shirt, within Sub-Account)	Check # (Blank for Cash)	Amount
1.						
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24.						
25.						
26.						
27.						
28.						
29.						
30.						
Total						

No. of Checks (Incl. Cashier Check/MO): ____ \$ _____ (+) **Cash:** \$ _____ (=) **Total:** \$ _____

(Below fields to be filled by Treasurer. Contact ashok.mollin+sfa@gmail.com or (405) 4 MOLLIN)

Bank Deposit Ref. # _____ Deposit Date: _____ Deposited by: _____