

Skyline Friends of the Arts (SFA)

Skyline High School, Ann Arbor, MI

Deposit Form

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)

Single Payment from: _____ **Amount:** \$ _____

Student Payments:

No.	Paid Date	Student First & Last Name	Class	Item Description (e.g. Dues, T Shirt, within Sub-Account)	Check # (Blank for Cash)	Amount
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						
15.						
16.						
17.						
18.						
19.						
20.						
21.						
22.						
23.						
24.						
25.						
Total						

If additional pages used,

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

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

Funds Collected by (Name): _____ Signature & Date: _____

Funds Received by (Name): _____ Signature & Date: _____

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

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