



SENECA VALLEY WRESTLING ASSOCIATION
DEPOSIT VOUCHER FORM

CONTACT INFORMATION:

Submitted By: _____

Date: _____

Email: _____

Telephone: _____

EVENT INFORMATION:

Grade/Committee: _____

Total Amount of Checks (\$): _____

Total Number of Checks (#): _____

Total Amount of Currency (\$): _____

Total Amount of Coins (\$): _____

Total Amount of E-Deposit (\$): _____

Grand Total in Dollars (\$): _____

COLLECTION GUIDELINES:

- Have all bills facing the same direction and have like bills together.
- Put reason for checks on the memo line.
- Submit money in an expeditious manner. Do not hold onto checks as some of them expire.
- Make arrangements with treasurer to pick up or drop off cash.

TREASURER REFERENCE:

Total Amount of Checks (\$): _____

Total Number of Checks (#): _____

Total Amount of Currency (\$): _____

Total Amount of Coins (\$): _____

Total Amount of E-Deposit (\$): _____

Grand Total in Dollars (\$): _____

Signature: _____

Date: _____