

# CARSON COUNTRY USBC

## DEPOSIT TRANSMITTAL

TRANSMITTAL # \_\_\_\_\_

OFFICE USE ONLY

Date \_\_\_\_\_

Enclosed, please find the following funds:

Coin	_____
Currency	_____
Quantity of _____ Checks	_____
Checks	_____
Total Funds Transmitted	_____

Please credit the following accounts:

- Accounts –Adult, Youth, Tournament, Fundraiser, Scholarship, Ways n Means, BVL...
- Description-Name & Date of event, if Tournament attach Financial Report, if Scholarship attach Recipient Forms.

Account	ADULT OR YOUTH	Description	Amount
Total amount to be credited to accounts (equals total funds)			

Submitted by:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Committee/Role

\_\_\_\_\_  
Date

Verified by:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Committee/Role

\_\_\_\_\_  
Date

(office use only)

RECEIVED DATE	RECEIVED/PICKED UP @	DATE DEPOSITED
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