

**CROSSROADS SERVICE UNIT  
DEPOSIT SLIP**

*Submit to Crossroads Treasurer*

TODAY'S DATE: \_\_\_\_\_  
EVENT NAME: \_\_\_\_\_  
EVENT DATE \_\_\_\_\_

Cash:
Checks:
<b>TOTAL DEPOSIT</b>

Event Organizer: \_\_\_\_\_

Signature: \_\_\_\_\_  
(submitted by)

<b>For Bookkeeping Use only:</b>
Deposit Amount Verified By:
Date Deposited:

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