CALIFORNIA STATE HORSEMEN'S ASSOCIATION
DEPOSIT / INCOME REPORTING FORM

REGION_____ PROGRAM _____

Received from: _____ **Date:** _____

Program credited to: _____ **GL Acct. #** _____

Event/Fundraiser/Donation: _____ **Date of Event** _____

$ _____

Please enclose adding machine tape if multiple checks. If you do not include an adding machine tape, please list the check numbers & $ amount next to it.

TOTAL # of Checks/MO's enclosed _____ **= Total Deposit $** _____

DO NOT SEND CASH– If cash is collected-you must send in a Region check, money order or cashier's check.

Check #	Check Amount	Name

Comments/Special Instructions

_____

_____

_____

Revised 10/29/06