

COLORADO WING DEPOSIT ADVICE FOR UNITS BELOW WING LEVEL

DATE: _____

DATE OF DEPOSIT: _____

UNIT NAME: _____

CHARTER NUMBER: RMR-CO- _____

ITEMIZED LIST OF DEPOSITS

* * * * List each receipted item that makes up the deposit * * * *

LINE	RECEIVED FROM	PURPOSE OR ACCOUNT NUMBER	CHECK # OR CASH	AMOUNT
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
TOTAL AMOUNT OF DEPOSIT				

REMARKS

VERIFICATION	SIGNATURE	DATE
UNIT COMMANDER/FINANCE OFFICER		