

DEPOSIT OF FUNDS Date _____

Funds Received From: _____
(Event from which funds were raised)

Account Number	Account Name	Amount
_____	_____	\$ _____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Submitted by: _____ **Total Amount \$** _____

All Funds submitted to the business office of Saint James United Methodist Church should be accompanied by this form to insure proper posting.

DEPOSIT OF FUNDS Date _____

Funds Received From: _____
(Event from which funds were raised)

Account Number	Account Name	Amount
_____	_____	\$ _____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Submitted by: _____ **Total Amount \$** _____

All Funds submitted to the business office of Saint James United Methodist Church should be accompanied by this form to insure proper posting.