

_____ County Cooperative Extension

Deposit Form



University of Kentucky
College of Agriculture,
Food and Environment
Cooperative Extension Service

Income to be deposited into:

- Extension District Board
- County 4-H Council
- County FCS Council
- County ANR Council
- Other—specify: _____

Form completed by: _____ Date: _____

Income:

Date	Received from	Check #	Amount of Check	Amount of Cash	Collected by	Purpose/reason for deposit	Fund Account	Name on registration if different
Total			0.00	0.00				

Total of Deposit: \$ 0.00

Signature of person submitting form with collected funds / _____
Date