



**Brick Township Memorial High School
Band Support Association
Committee Deposit Slip**

Committee: _____ **Date:** _____

Please itemize below ALL activities which apply to this deposit including the date of the activity:

Cash Amount: \$ _____

Number of Checks: _____ **Total Checks Amount:** \$ _____

Deposit Grand Total (Cash and Checks): \$ _____

Chairperson Signature: _____ **Date:** _____

Treasurer Signature: _____ **Date:** _____