**SRQG Deposit Slip-Workshop**Please assist me by completing this form and submitting with your cash/checks.

Date:	Date:
Your Name:	Your Name:
Project/Committee/Event:	Project/Committee/Event:
Amount in coins:	Amount in coins:
Amount in currency:	Amount in currency:
Amount from checks:	Amount from checks:
Total: \$	Total: \$
# of checks:	# of checks:
Count verified:	Count verified:
Signature #1:	Signature #1:
Signature #2:	Signature #2:
Paid Attendance:	Paid Attendance:
Free Attendance:	Free Attendance:
Unrefunded Cancellations:	Unrefunded Cancellations:
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