

**SANTA BARBARA COUNTY 4-H  
REQUEST FOR DEPOSIT  
AND  
CASH VERIFICATION FORM**

This form must be used for all deposits!

ACTIVITY: \_\_\_\_\_

DATE: \_\_\_\_\_

ADVISOR: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

**COINS**

\_\_\_\_\_ X .01 = \_\_\_\_\_  
\_\_\_\_\_ X .05 = \_\_\_\_\_  
\_\_\_\_\_ X .10 = \_\_\_\_\_  
\_\_\_\_\_ X .25 = \_\_\_\_\_  
\_\_\_\_\_ X .50 = \_\_\_\_\_  
\_\_\_\_\_ X 1.00 = \_\_\_\_\_

TOTAL \$ \_\_\_\_\_

**CURRENCY**

\_\_\_\_\_ X \$ 1 = \_\_\_\_\_  
\_\_\_\_\_ X \$ 5 = \_\_\_\_\_  
\_\_\_\_\_ X \$ 10 = \_\_\_\_\_  
\_\_\_\_\_ X \$ 20 = \_\_\_\_\_  
\_\_\_\_\_ X \$ 50 = \_\_\_\_\_  
\_\_\_\_\_ X \$ 100 = \_\_\_\_\_

TOTAL \$ \_\_\_\_\_

**CHECKS (Include adding machine tape of itemized checks)**

TOTAL \$ \_\_\_\_\_

TOTAL AMOUNT \$ \_\_\_\_\_

Verification Signatures must be done before leaving event. (2 unrelated adults)  
County Management Board Treasurer's signature and date must be done at time of receipt of all funds to  
be deposited.

Signature: x \_\_\_\_\_

Signature: x \_\_\_\_\_

Adult Advisor's Signature: x \_\_\_\_\_

Total Amount Received \$ \_\_\_\_\_

VMO Treasurer's Signature: x \_\_\_\_\_

Date of receipt of funds: \_\_\_\_\_