CALIFORNIA STATE HORSEMEN'S ASSOCIATION
DEPOSIT / INCOME REPORTING FORM

REGION_____ **Date:_____**

PROGRAM: _____

Event/Fundraiser/Donation:_____ Date of Event:_____

Check #	Received From	Description	Amount

Total this page	
Total Deposit	

GL Account	**Amount**	**GL Account**	**Amount**
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Total			**$_____**

If more space is needed, please use additional page (make as many copies as needed, but total each page).
Spreadsheet list or QuickBooks can be substituted
Please enclose adding machine tape if multiple checks. If you do not include an adding machine tape, please list the check numbers & $ amount next to it.
Total Deposit must equal Total of GL Account Amounts.
DO NOT SEND CASH– If cash is collected-you must send in a Region check, money order or cashier's check.

Check #	Received From	Description	Amount

Total this page	