



Deposit Date: _____ Record Date: _____
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## UF/IFAS SUMTER COUNTY EXTENSION

### DEPOSIT

4-H                     
  Master Gardeners                     
  Extension Program

Sub-Account No.: \_\_\_\_\_ Title: \_\_\_\_\_

Purpose: \_\_\_\_\_

Cash/Check No.	Amount	Cash/Check No.	Amount

Deposit Total:

Requested by: \_\_\_\_\_ Date: \_\_\_\_\_

Approving Agent: \_\_\_\_\_ Date: \_\_\_\_\_