

GRAYS HARBOR COLLEGE
ACTIVITY DEPOSIT FORM

DATE: _____

AMOUNT:	COIN	\$ _____
	CURRENCY	\$ _____
	CHECK	\$ _____
	TOTAL DEPOSIT	\$ _____

ACTIVITY NAME: _____

ACCOUNT NUMBER: _____

CUSTOMER ID NUMBER/FEE CODE _____

SIGNATURE: _____
DEPOSITOR

SIGNATURE: _____
FACULTY/ADMINISTRATOR

OFFICE USE ONLY

AMOUNT RECEIVED: _____ \$ _____

RECEIPT NUMBER _____

BY: _____ DATE: _____

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