

Name:

Phone:



Date:

MEF Deposit Request Form

E-mail:

Signature: Please comple	te form below	& enclose with ca	sh and	or checks & forw	vard to Johann	Garcia or Vasud	lha Rao
Date	Program (SiM/MiM/Corporate/ MEF)		Check	Number of Checks	Total Check Amount		
Date	Program (SiM/MiM/Corporate/ MEF)		Cash	Number of Bills	Total Cash Amount		
					\$100 X \$50 X \$20 X \$10 X \$5 X \$1 X		
						Total of cash + Checks for Deposit	
(For Treasurer's Use) Date Request Received: Receipts and Amounts confirmed by:			by: Deposi	red into MEF Income Sheet Database on sit made by: Deposited:			