



Deposit Date: _____ Record Date: _____

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: _____