

**JHS Music and Arts Boosters
REMITTANCE ADVICE**

Date Funds Paid	Check Number	Amount of Remittance
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Pay to the Order of:	
Invoice/Request:	
Invoice/Request:	
Invoice/Request:	
Total Funds Remitted	

Please designate the budget category where the funds are to be deposited

- | | |
|--|--|
| <input type="checkbox"/> Donations | <input type="checkbox"/> Auction |
| <input type="checkbox"/> Trip Payments | <input type="checkbox"/> Trip: _____ |
| <input type="checkbox"/> Program Fees / Sales | <input type="checkbox"/> Fundraiser: _____ |
| <input type="checkbox"/> Transfers: 9999 – Interdepartmental Transfers | <input type="checkbox"/> Concessions |
| <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |

Treasurer's Verification

Date Received	Delivered to Bank	___ Attach Deposit Slip
	Date:	___ Attach List of Checks
	___ Teller ___ Night Drop	___ Attach or Stamped Bank Receipt

This form is to be printed on SALMON paper