Special Olympics Kansas

REVENUE DEPOSIT FORM

(Use when sending live checks to headquarters office)

Local Program Name: _____ **Submission Date:** _____/_____ /_____

Submitted By: _____

Received From	Amount	Description	Event or Activity
Example: Jane Doe	*50.00*	*Memorial for John Doe*	*All events*
Example: ABC Company	*100.00*	*Corporation donation*	*Basketball*
Page Total			