

## GEORGIA WING DEPOSIT ADVICE FOR UNITS BELOW WING LEVEL

**DATE:**

**DATE OF DEPOSIT:**

**UNIT NAME:**

**CHARTER NUMBER: SER-GA-**

**\*\*Please complete the form to include each received item by filling in each persons first, and last name, that makes up the total bank deposit\*\***

LINE	RECEIVED FROM	INCOME ACCT # AND PURPOSE	CK# / CASH	AMOUNT
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
<b>TOTAL AMOUNT OF DEPOSIT</b>				

**REMARKS:**

**Print Full Name and Duty per CAPF 172**

**Signature of Approved Signer per CAPF 172**

**DATE**