

**GEORGIA WING DEPOSIT ADVICE
FOR UNITS BELOW WING LEVEL**

DATE:

DATE OF DEPOSIT:

UNIT NAME:

CHARTER NUMBER: SER-GA-

ITEMIZED LIST OF DEPOSITS

* * * * List each receipted item, include full name, that makes up the deposit * * *

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

REMARKS:

VERIFICATION	SIGNATURE	DATE
UNIT CC UNIT FM		