

APWA Wisconsin Chapter Deposit Documentation		
Name	_____	
Phone #	_____	
Date	_____	
Event	_____	
Event Date	_____	
Category	Description	Amount
405	Registration Fees	
410	Exhibit Space Sales	
490	Sponsorship	
495	Contributions	
	Other	
Total Deposit		

Please provide deposit slips with this form to the Treasurer's attention (Lee Igl at Lee.Igl@Mcfarland.wi.us) at the end of each week so that all transactions can be properly recorded.