



Kappa Kappa Psi-Tau Beta Sigma



DISTRICT FUNDS - DEPOSIT SLIP

Check one: KKΨ TBΣ JOINT

District: _____ **Date:** _____

Treasurer's Signature: _____

Please list checks with name on the check, chapter, fraternity, and amount.

	Name	Chapter		Amount
1.	_____	_____	K or T	_____
2.	_____	_____	K or T	_____
3.	_____	_____	K or T	_____
4.	_____	_____	K or T	_____
5.	_____	_____	K or T	_____
6.	_____	_____	K or T	_____
7.	_____	_____	K or T	_____
8.	_____	_____	K or T	_____
9.	_____	_____	K or T	_____
10.	_____	_____	K or T	_____
11.	_____	_____	K or T	_____
12.	_____	_____	K or T	_____
13.	_____	_____	K or T	_____
14.	_____	_____	K or T	_____
15.	_____	_____	K or T	_____
16.	_____	_____	K or T	_____
17.	_____	_____	K or T	_____
18.	_____	_____	K or T	_____
19.	_____	_____	K or T	_____
20.	_____	_____	K or T	_____
21.	_____	_____	K or T	_____
22.	_____	_____	K or T	_____
23.	_____	_____	K or T	_____
24.	_____	_____	K or T	_____
25.	_____	_____	K or T	_____

TOTAL AMOUNT OF DEPOSIT _____

DISTRICT FUNDS - DEPOSIT SLIP

A copy of this form will be returned to you as your receipt.

TOTAL AMOUNT OF DEPOSIT (from page 1) _____

ALLOCATIONS:

KKΨ District General Funds: _____

KKΨ Special Fund (specify: _____): _____

KKΨ Special Fund (specify: _____): _____

KKΨ Commissioning Project: _____

TBΣ District General Funds: _____

TBΣ Special Fund (specify: _____): _____

TBΣ Special Fund (specify: _____): _____

TBΣ Commissioning Project: _____

KKΨ / TBΣ Joint Commissioning Project: _____

TOTAL ALLOCATED: _____

(This amount must equal the total of the deposit.)

For National Headquarters Use:

Receipt # _____

Deposited into District Funds on: _____