

Total Deposit \$ _____

Description _____

Deposit into FOAPAL:

F: Fund -O: Organization- A: Account- P: Program - A: Activity (only for specific Depts-)L: Location-(only for specific Depts.)

Amount \$ _____ Amount \$ _____

_____ Amount \$ _____

*Remember to collect and remit sales tax at 6% on sales of goods including various fundraisers. If a sale is taxable, please call Linda Berlin @ 5-2118. Please put your FUND # and then Sales Tax # 2260, 2nd. Sales tax only has two numbers to it.

Are funds for payment on an invoice? No Yes ___ Invoice # _____ Customer Name/ID: _____

Do you want a copy of the receipt? No Yes delivered to _____