2009-2010 *D F B M E*

ARIZONA 4-H YOUTH FOUNDATION

Deposit Request Form

DONATION ***(Use only for Donations to County or State Programs that <u>Need to be Acknowledged for Tax Purposes</u> and <u>need a THANK YOU letter from the 4-H Foundation</u>)***

PASS-THRU ***(Use for Event Registrations, Payment for Services or Products Provided, Refunds, etc.)***

MANAGED FUNDS ***(Use for deposits to Managed Fund Accounts and for unrelated program income)***

Account#: _____ Title: _____ (County Notation:_____)
Account#: _____ 999 General Operations Donation
Account#: _____ 992 _____ Endowment Fund Donation
Explanation/Notes: _____
_____

<u>INCLUDE ORIGINAL FORM PLUS 1 COPY, AND 1 COPY OF CHECK(S)</u>

Item #	Notes	Check Date	Name of Donor / Payer	Check #	Amount	*Cost-Recovery Amount ** (3%, 6%, or NA)
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						

DEPOSIT TOTAL/COST-RECOVERY TOTAL $_____/ $_____
(To Act# 991)

**Cost-Recovery fee of 3% applies to all primary county and program accounts; 6% fee applies to deposits made to all secondary county accounts, managed fund accounts, and grants & contract funds; NA is applied to/deposits which will later be transferred to UA accounts and assessed a cost-recovery fee at the Univ/ersity level and all deposits to Endowment Accounts*

DEPOSITED BY: Peggy Beaston
TITLE: _____
DATE: _____

COUNTY DIRECTOR: _____
(OR STATE PROGRAM COORDINATOR OR DESIGNEE)
DATE: _____

TO BE COMPLETED BY ARIZONA 4-H YOUTH FOUNDATION

Recorded: Q.B. _____ Bank#_____