

SECTION A - PROGRAM OFFICE CONTACT INFORMATION

PROGRAM OFFICE NAME			LOCATION CODE
BUSINESS ADDRESS	CITY	STATE	ZIP
AUTHORIZED DEPOSITOR (Per DGS OFS 1001)	SIGNATURE		BUSINESS PHONE NUMBER

SECTION B - DEPOSIT INFORMATION

Deposits Made Yes No Month /Year _____

	DEPOSIT DATE	DEPOSIT NUMBER	DEPOSIT AMOUNT
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
21			
22			
23			
24			
25			
TOTAL			

SECTION C - ACCOUNTING USE ONLY

REVIEWED BY _____	DATE _____
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Note: VOIDED Report of Deposits must be listed and attached