STATE OF CALIFORNIA

REPORT OF DEPOSIT CONTROL

GS-83 (REV. 11-95)

DEPARTMENT OF GENERAL SERVICES

MAIL TO: **DEPARTMENT OF GENERAL SERVICES**
ACCOUNTING & FINANCIAL SERVICES
SRF CASHIERS UNIT
P.O. BOX 151 (IMS C-18)
SACRAMENTO, CA 95812-0151

FROM	AGENCY / OFFICE / VENDOR		
	ADDRESS / LOCATION *(Number, Street)*		
	CITY, STATE, ZIP CODE		
REPORT OF DEPOSIT*	BANK		BRANCH WHERE DEPOSITS ARE MADE
	SERIAL NUMBER(S) OF REPORT OF DEPOSIT	*Begining Number:*	NUMBER OF FORMS
		Ending Number:	STANDARD FORM NUMBER STD. 44 ____
PREPARED BY	NAME PRINT / TYPE *(Authorized Depositor)*		TELEPHONE NUMBER
	SIGNATURE ▷		DATE

• The reverse of this form may be used to record additional Report of Deposit Forms for which the serial numbers are not in consecutive numerical order.