



SRC CLUBS DONATION CHEQUES

DATE SUBMITTED	NAME OF CLUB
REVENUE GENERATED FROM	

CHEQUES		
LIST OF CHEQUES	AMOUNT	TAX RECEIPT REQUIRED
		<input type="checkbox"/> YES <input type="checkbox"/> NO
		<input type="checkbox"/> YES <input type="checkbox"/> NO
		<input type="checkbox"/> YES <input type="checkbox"/> NO
		<input type="checkbox"/> YES <input type="checkbox"/> NO

TOTAL REVENUE	\$
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OFFICE USE ONLY	
DATE DEPOSITED	DEPOSITED BY

APPROVALS	
_____ Signature Signing Authority	_____ Date
_____ Print	
_____ Signature Faculty Advisor	_____ Date
_____ Print	
_____ Received By (office use)	_____ Date
_____ Club Liaison	_____ Date
_____ Manager of Student Experience	_____ Date
_____ General Manager	_____ Date