**** HEADQUARTERS HAWAII WING

CIVIL AIR PATROL

UNITED STATES AIR FORCE AUXILIARY

419 Lele St.

Honolulu HI 96819

**DEPOSIT SLIP**

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Deposit \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Wing/Unit Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Charter Number HI\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Itemized list of deposit (s):

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **LINE** | **RECEIVED FROM** | **DESCRIPTION** | **CHECK #**  **OR CASH** | **AMOUNT** |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |
| 5 |  |  |  |  |
| 6 |  |  |  |  |
| 7 |  |  |  |  |

**Deposit Total: $ \_\_\_\_\_\_\_\_\_\_\_\_**

**\***Attach a copy of the bank deposit slip, bank receipt and copies of check (s) to this form and return to the Wing Administrator.

Comments

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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HIWG FORM 36 May 2017