



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
