



DEPOSIT FORM

Please provide all details available to ensure the accurate processing of the deposit. We kindly request you **DO NOT SEND CASH**. Checks must be made payable to the New York Library Association or NYLA. Attach additional forms as needed. Attach original checks to form. We suggest retaining a copy for your records.

GROUP SUBMITTING DEPOSIT _____

SUBMITTED BY _____

DATE SUBMITTED: _____

STAFF USE BUDGET LINE

Deposit Details

Required: Event Name, Date, Purpose/Nature of Business and Amount. Please specify if sale is taxable or nontaxable, name of the county where you made sale and sale tax %.

Adjust total amount of taxable sale for ____ % of sales tax for _____ or _____
County City

NAME ON CHECK	CHECK #	PURPOSE/NATURE OF BUSINESS	AMOUNT
TOTAL DEPOSIT AMOUNT			

*A signature is required to submit the form. Forms submitted without a signature will be returned with the request for the missing signature be provided.
Please note by typing your name below, you acknowledge all information provided in this form is accurate*

Signature: _____ Date: _____