



**STATE OFFICE USE ONLY**

Date received: \_\_\_\_\_

Approved: \_\_\_\_\_

**Revenue Submittal Form**

(One per bank deposit)

1. Fill out this form completely for this request to be processed.
2. ***Attach copies of deposited checks/cash receipts.***
3. Once the deposit is made attach original bank receipt
4. Send to Special Olympics Alaska, Inc. 3200 Mountain View Dr. Anchorage, Alaska 99501.
5. For all related financial information contact Vice President/COO at 1-888-499-7625 ext 629 or 907-351-3195 (anytime, outside of work day)

**THIS REQUEST WILL BE PROCESSED WITHIN 14-21 DAYS**

Date: \_\_\_\_\_ Community: \_\_\_\_\_

Report Prepared by: \_\_\_\_\_ Telephone (day) \_\_\_\_\_

REVENUES: Report cash as well as in-kind donations. All donations (including the value of in-kind goods) must be forwarded to the Program office with this report.

Date (from checks)	Donor/Name	Memo	Amount (\$)	In-kind Value (if applicable)
<b>TOTAL DEPOSIT</b>				

Special Olympics Alaska

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