



**CALIFORNIA STATE HORSEMEN'S ASSOCIATION  
DEPOSIT / INCOME REPORTING FORM**

REGION \_\_\_\_\_

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

PROGRAM: State English Western Program

Event/Fundraiser/Donation: State English Western Fee Date of Event: \_\_\_\_\_

Check #	Received From (List names of program registrants)	Description (Program membership Fees)	Amount (\$25.00)

<b>Total this page</b>	
<b>Total Deposit</b>	

<u>GL Account</u>	<u>Amount</u>	<u>GL Account</u>	<u>Amount</u>
Program Membership	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
<b>Total</b>	_____	_____	<b>\$ _____</b>

**If more space is needed, please use additional page (make as many copies as needed, but total each page). Spreadsheet list or QuickBooks can be substituted**  
**Please enclose adding machine tape if multiple checks. If you do not include an adding machine tape, please list the check numbers & \$ amount next to it.**  
**Total Deposit must equal Total of GL Account Amounts.**  
**DO NOT SEND CASH- If cash is collected-you must send in a Region check, money order or cashier's check.**

Mail to CSHA, 1330 W. Robinhood Dr. Suite D, Stockton, CA 95207

