



**Clinic Deposit Record**      **Date:** \_\_\_\_\_

Items	Morning	Afternoon	Total
Donations checks			
Donations cash			
Donations credit cards			
Scrub donations checks			
Scrub donations cash			
Scrub donations credit cards			
<b>Total</b>			

“I attest that this report is a true recording of payments made to Operation Catnip.”

\_\_\_\_\_  
Morning Supervisor Signature      Date

\_\_\_\_\_  
Morning Witness Signature      Date

\_\_\_\_\_  
Printed name

\_\_\_\_\_  
Printed name

\_\_\_\_\_  
Afternoon Supervisor Signature      Date

\_\_\_\_\_  
Afternoon Witness Signature      Date

\_\_\_\_\_  
Printed name

\_\_\_\_\_  
Printed name