

**The Military Department of South Carolina
Armory Deposit and Reimbursement Request Form**

Armory Department: _____

Receipt Number: _____

Armory Name: _____

Date: _____

REVENUES

		<u>Amount</u>
Armory Rental (47403)	Code <u>4470040000</u>	\$ _____
Contract Number _____		
Vending Machines (47825)	Code <u>4480080000</u>	\$ _____
Court Martial Fees (45701)	Code <u>4220010000</u>	\$ _____
County Donation (42602)	Code <u>4460020000</u>	\$ _____
City Donation (42601)	Code <u>4460010000</u>	\$ _____
Miscellaneous Receipts (47201)	Code <u>4530030000</u>	\$ _____
Total Receipts		\$ _____

EXPENDITURES

		<u>Check Number(s)</u>	<u>Amount</u>
Other Contractual Services	Code <u>5021460000</u>	_____	\$ _____
Maintenance Supplies and Materials	Code <u>5031030011</u>	_____	\$ _____
Fixed Charges (rent, etc.)	Code <u>5040490000</u>	_____	\$ _____
Check Re-order Fee	Code <u>5041020000</u>	_____	\$ _____
Gas for Armory Maintenance Equipment	Code <u>5031530000</u>	_____	\$ _____
Cancelled Rental Deposit	Code <u>4470040000</u>	_____	\$ _____
Bank Fees	Code _____	_____	\$ _____
Reduce Checking Account	Code _____	_____	\$ _____
Total Expenses			\$ _____

Please be sure to include the check number(s) on all invoices submitted for reimbursement.

Armory Manager Signature: _____