



New York Library Association

The Voice of the Library Community

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DEPOSIT FORM

Group Submitting Deposit: _____

Submitted By: _____

Date Submitted: _____

STAFF USE ONLY
ACCOUNT #: _____
RECEIVED: _____

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

Details Regarding Deposit: (Event Name and Date, Purpose. Please specify, if sale taxable or nontaxable , name of the county where you are made sale and sale tax %)
Please adjust total amount of taxable sale for ____% sales tax for _____ county _____ city

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

Signature: _____