

# Cadillac Area Festival & Events

201 N. Mitchell St, Suite 102, Cadillac, MI 49601

## DEPOSIT & RELEASE OF FUNDS FORM

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

ALL AREAS BELOW ARE REQUIRED DATA FIELDS.

CAFÉ User Organization Name: \_\_\_\_\_ Account # \_\_\_\_\_

## DEPOSIT

INTERNAL: Requires signed CAFÉ Use Contract

Funds Received on: \_\_\_/\_\_\_/\_\_\_ Total Checks: \$\_\_\_\_\_ Total Cash: \$\_\_\_\_\_ Total Amount: \$\_\_\_\_\_ attach copies of checks and complete the deposit form on reverse. (Funds require 7 day release)

If deposit is from an event sponsor, do you need a receipt? \_\_\_yes \_\_\_no If yes: \_\_\_ will you pick it up? \_\_\_ want CAFÉ to e-mail or \_\_\_ mail it? Please ensure we have their full e-mail or mailing address if needed: \_\_\_\_\_

FOR INTERNAL USE: Funds Deposited On: \_\_\_/\_\_\_/\_\_\_ Copy of checks received attached. Into CAFÉ Account Number \_\_\_\_\_ Funds Received by: \_\_\_\_\_

## REQUEST FOR INVOICE

Request an invoice in the amount of \$ \_\_\_\_\_ from CAFÉ account # \_\_\_\_\_ Authorized Person Name \_\_\_\_\_

Invoice to: Vendor Name \_\_\_\_\_ Vendor Contact \_\_\_\_\_

Vendor Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

For internal use: Invoice issued \_\_\_/\_\_\_/\_\_\_ Invoice # \_\_\_\_\_

## RELEASE OF FUNDS

(INTERNAL: Requires Signature Below. )

Request the Release of Funds in the amount of: \$ \_\_\_\_\_ From CAFÉ Account Number \_\_\_\_\_ Available Balance Verified: \_\_\_\_\_

Release to: \_\_\_ organization noted above or \_\_\_ vendor (provide vendor info below and see \*)

Vendors Name: \_\_\_\_\_ Federal ID#\* (if over \$600 annual) \_\_\_\_\_

Vendor Address: \_\_\_\_\_

\* Note if the amount is over \$600.00 the distributor/vendor they must supply their federal ID number, a 1099 will be sent.

I understand that by my signature below, I am releasing funds deposited into the CAFÉ a 501C3 organization, and I also understand that if the amount exceeds \$600.00 and the distributor/vendor is not an INC you must supply a federal Id number or your SS# Here \_\_\_\_\_

Authorized Persons Name: \_\_\_\_\_ (must be verified to Use Contract File)

Authorized Signature: \_\_\_\_\_

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

FOR INTERNAL USE

Use Contract Authorization Verified by: \_\_\_\_\_