ECEGSA Deposit Form

PURPOSE: ________________________________

INITIAL FLOAT: ________________________

<table>
<thead>
<tr>
<th>ITEM #</th>
<th>DESCRIPTION</th>
<th>QUANTITY</th>
<th>VALUE</th>
<th>TOTAL</th>
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REVENUE: ________________________
TOTAL FLOAT: __________________

FOR INTERNAL USE ONLY

DEPOSIT #: __________________

APPROVAL 1:  
Name: ___________________________  
Signature: _______________________
Date: ______________

APPROVAL 2:  
Name: ___________________________  
Signature: _______________________
Date: ______________

By signing this claim form, we assert:
(1) that we are signing authorities for the ECEGSA;
(2) that we confirm the total value of cash held in this float; and
(3) that the cash added to the initial float is consistent with that expected from the services rendered or products sold.