

Deposit Form

Deposit Presented By: _____ (please print)

Phone #: _____ Email: _____

Deposit Amount: \$ _____ Date Submitted: _____

Budget Line Item (Required): _____

Please do not use this form for more than one Budget Line Item

Explanation: _____

Number of Checks: _____ Total Amount of Checks: \$ _____

Paper Currency			Coins		
#	\$ 100s	\$	#	Dollar coins	\$
#	\$ 50s	\$	#	Half dollars	\$
#	\$ 20s	\$	#	Quarters	\$
#	\$ 10s	\$	#	Dimes	\$
#	\$ 5s	\$	#	Nickels	\$
#	\$ 1s	\$	#	Pennies	\$
#	Other	\$	#	Other	\$
Total		\$	Total		\$

All cash must be counted by a Second Counter.

Signature of Presenter: _____ Date: _____

Name of Second Counter: _____ (please print)

Signature of Second Counter: _____

Leave deposits in the Treasurer's mailbox at school in a sealed envelope. Please contact the Treasurer at **fees.treasurer@gmail.com** with any questions. The person filling out this form is responsible for the funds listed until they are received by the Treasurer.

Treasurer's Use Only

Receipt Date: _____ Deposit Date: _____ Amount: \$ _____