



Cash/Check Deposit Form

Date: _____

Deposited by: _____

Committee to be credited: _____

Event to be credited: _____

Last Name, 1 st Initial	Amount	Last Name, 1 st Initial	Amount	Cash Breakdown
				\$20's x
				\$10's x
				\$5's x
				\$1's x
				Coins
List Checks below		List checks below		

Total Cash/Check Amount Received \$ _____

I authorize that I have counted the funds to be deposited in the above amounts. All cash payments must have a second count and signature. (This can be done by another committee member or Front Office Staff)

Signature 1: _____ Date: _____

Signature 2: _____ Date: _____

Return this form to the Treasurer, Samantha Carter -Receivables by dropping off in the White PTO Lock Box located just inside the front entrance.