



Cash/Check Deposit Form

Today's Date: _____

Deposited by: _____

Committee to be credited: _____

Event to be credited: _____

CASH RECEIVED				
# of Bills		Denomination	Total	Cash Count Confirmed By
	X	\$20	\$	Name:
	X	\$10	\$	Signature:
	X	\$5	\$	
	X	\$1	\$	Name:
		Coins	\$	Signature:
TOTAL CASH			\$	

CHECKS RECEIVED		
Check Number	Check Amount	Checks Confirmed By
	\$	Name:
	\$	Signature:
	\$	
	\$	Name:
	\$	Signature:
TOTAL CHECKS	\$	

TOTAL AMOUNT RECEIVED \$ _____

I confirm 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, the Treasurer, or Front Office Staff)

Signature 1: _____ Date: _____

Signature 2: _____ Date: _____

Return this form and the money received to the Treasurer, Katie Trader, either in person or by dropping it off in the PTO Lock Box located just inside the front entrance.