Deretchin PTO Deposit Request Form

Total # of Pages: _____ of_____

Event:_____ (Use separate deposit slips for different events)

Committee:_____ **Date:**_____

Completed by:_____

Description of Deposit:_____

Cash Totals

Bills	#	Amount
$100		
$50		
$20		
$10		
$5		
$2		
$1		
Total		$

Coins	#	Amount
Dollar		
50 cent		
Quarter		
Dime		
Nickel		
Penny		
Total		$

Total Bills $_____

Total Coins $_____

Total Checks $_____

Total Deposit $_____

Check Totals

Last Name	Check #	Check Amt
Total		$

Counter Signature:*_____
(Needs to be same person who completed form if cash is being deposited)

Counter Signature:*_____

*2 signatures from different people required for cash deposits.
Only one signature needed for checks.

Treasurer Use Only
Received by Treasurer:_____
Bank Trans ID:_____
Date Deposited:_____