

Barbara Bush Elementary School PTO

Deposit Form

(To be used when giving funds to the Treasurer)

Event: (if multiple, provide on reverse) _____

Date: _____

Phone: _____

Person completing form: _____

Phone: _____

(Please make sure that there are always 2 people counting money to protect the reliability of the count)

Total of checks (attach a tape or complete on reverse)

A \$ _____

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

Total Bills

B \$ _____

Coins	#	Amount
Dollar		
50 Cent		
Quarters		
Dimes		
Nickels		
Pennies		
Total		

Total Coins

C \$ _____

Total Cash

B + C \$ _____

Total Deposit

A + B + C \$ _____

Counter Signature: _____ Date: _____

Counter Signature: _____ Date: _____

Received by Treasurer: _____ Date: _____

Check Listing (If more than 25 checks, you must start a new deposit form)

				Event (provide description)			
	Check Number	Name	Amount				
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							
21							
22							
23							
24							
25							

Totals



(If more than one event, please complete table below)

Event	Total
Total	

****Must agree to total deposit on reverse**