

DEPOSIT FORM

- ☆ Submit item(s) to be deposited and this completed form along with any accompanying documentation, if any, such as check stub, letter of payment, etc. to the Treasurer.
- ☆ A copy of this form and any accompanying documentation must be filed in the appropriate committee section in the Treasurer's records.

Committee/Event:				Date:			
CHECKS							
☆ If more than eight checks, record deposit on a separate typed sheet following the same format as below. Please attach to this form. Thank You!							
Checks	Last Name				Check Number	Amount	
1							
2							
3							
4							
5							
6							
7							
8							
Total Number Checks Received:						Total Amount of Checks:	
						\$	
CASH							
100's	x	=	\$	Quarters	x	=	\$
50's	x	=	\$	Dimes	x	=	\$
20's	x	=	\$	Nickels	x	=	\$
10's	x	=	\$	Pennies	x	=	\$
5's	x	=	\$	Odd Coins	x	=	\$
1's	x	=	\$				
Total Bills:		\$		Total Coins:		\$	
TOTALS							
Bills Total:				\$			
Coins Total:				\$			
Checks Total:				\$			
Total Deposit:				\$			

First Counter:		Date:	
Second Counter:		Date:	
Received By (Depositor):		Date:	

FOR TREASURER'S USE ONLY			
Deposit Date:		Transaction ID:	
Amount:		Budget Category:	
Treasurer's Initials:		Budget Updated:	
Monthly Statement/Check Cleared:			