Deposit Form

PTO ~ SUPPORT GROUP NAME: _____

Fundraiser/Event Name _____   Date of Event _____

Your Name _____   Date of Collection _____

Project/Category _____   Event Date _____   Amount $ _____

Project/Category _____   Event Date _____   Amount $ _____

Project/Category _____   Event Date _____   Amount $ _____

Project/Category _____   Event Date _____   Amount $ _____

Project/Category _____   Event Date _____   Amount $ _____

Total Deposit Amount $ _____

Specific Description of Source (*ex: payments for ice cream, M2M table rentals, etc.)*

_____

_____

Complete the following information for your deposit:

Cash Collected	Checks Collected
$50.00 = _____	**Attach Adding Machine tape and the**
$20.00 = _____	***Deposit Payment Log.***
$10.00 = _____	
$5.00 = _____	
$1.00 = _____	
Change = _____	# of checks enclosed _____
TOTAL CASH = _____	TOTAL CHECKS = $ _____

Counted By _____   Date _____

Counted By _____   Date _____

<u>**For Treasurer's use only**</u>

Category_____   Transaction ID_____   Deposit Date_____   Logged_____

Accepted by PTO Treasurer _____   Date _____