

District 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			
\$50.00	x	_____	= _____
\$20.00	x	_____	= _____
\$10.00	x	_____	= _____
\$5.00	x	_____	= _____
\$1.00	x	_____	= _____
Change	x	_____	= _____
TOTAL CASH			= _____

Checks Collected
<p>Attach Adding Machine tape and/or</p> <p><i>Deposit Cash Management Detail sheet.</i></p>
of checks enclosed _____
TOTAL CHECKS = \$ _____

Counted By _____ Date _____

Counted By _____ Date _____

For Treasurer's use only

Category _____ Transaction ID _____ Deposit Date _____ Logged _____

Accepted by PTO Treasurer _____ Date _____