

DEPOSIT NOTICE

Date Submitted:	Total Amount (Remember to include both cash & checks):
/ /	\$
Your Name:	Email:
Project / Event / Category:	
Specific Description of Source:	

Complete the following information for your deposit. Additional checks should be recorded on separate sheet and attached to this form.

Cash	Quantity	Total	Check Number	Check Amount
\$100.00	х	\$		\$
\$50.00	х	\$		\$
\$20.00	х	\$		\$
\$10.00	х	\$		\$
\$5.00	х	\$		\$
\$1.00	х	\$		\$
Rolled Coins				\$
Quarters \$10.00	х	\$		\$
Dimes \$5.00	х	\$		\$
Nickels \$2.00	х	\$		\$
Pennies \$0.50	х	\$		\$
Loose Coins				\$
\$1.00	х	\$		\$
\$0.50	х	\$		\$
\$0.25	х	\$		\$
\$0.10	x	\$		\$
\$0.05	x	\$		\$
\$0.01	х	\$		\$
	Total Cash:	\$	Total Checks:	\$

Counted By (1) :_____

Counted By (2) :_____

For Treasurer's Use Only:

Date Received:

Date Deposited:

Account / Budget Line: