

**DEPOSIT**

Memorial Middle School PTO

Return to Treasurer or President within three business days of event.

Date Submitted \_\_\_\_/\_\_\_\_/\_\_\_\_

Your Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Project / Event / Account \_\_\_\_\_

Specific description of source (i.e. Dance) \_\_\_\_\_

Complete the following information for your deposit:

Cash	\$ 100.00	x	_____	=	\$	_____
	\$ 50.00	x	_____	=	\$	_____
	\$ 20.00	x	_____	=	\$	_____
	\$ 10.00	x	_____	=	\$	_____
	\$ 5.00	x	_____	=	\$	_____
	\$ 1.00	x	_____	=	\$	_____
	\$ 0.25	x	_____	=	\$	_____
	\$ 0.10	x	_____	=	\$	_____
	\$ 0.05	x	_____	=	\$	_____
	\$ 0.01	x	_____	=	\$	_____

Total Cash \$ \_\_\_\_\_

Checks Number of Checks \_\_\_\_\_

Total Checks \$ \_\_\_\_\_

Total Deposit \$ \_\_\_\_\_

PTO Officer \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Volunteer \_\_\_\_\_  
(2 volunteer signatures required if PTO officer not present)

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Treasurer \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

President \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

For Treasurer's Use Only

Account / Budget Line: \_\_\_\_\_

Deposit Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Deposit within three business days of receipt of cash/checks.

Attach bank deposit receipt to this form.