



DEPOSIT FORM

PLEASE MAKE SURE THAT ALL MONIES ARE COUNTED AND ORGANIZED

DATE _____

CASH AMOUNT \$ _____

COIN AMOUNT (coins do not have to be rolled) \$ _____

CHECK AMOUNT \$ _____

TOTAL AMOUNT OF DEPOSIT \$

Name: _____ / _____
(Print Your Name) (Sign Your Name)

Deposit to be made in the following account: _____

(For example: Hot Lunch, X,X,X)

Comments: _____

Treasurer Approval: _____ Date of Actual Deposit: _____