

SAUDER ELEMENTARY PTG | Bank Deposit Form

YOUR NAME:				PHONE:		
E) (E) IT				-		
EVENT:						
SPECIFIC DESCRIP	TION OF SOURCE (i.e. Di	nner Ticket Sales):				
DATE SUBMITTED:				TOTAL DEPOSIT:		
Complete the following	ng information for your depo	osit.				
BILLS	QUANTITY	TOTAL		COINS	QUANTITY	TOTAL
\$100.00	х	\$		\$1.00	х	\$
\$50.00	х	\$		\$0.50	х	\$
\$20.00	х	\$		\$0.25	х	\$
\$10.00	х	\$		\$0.10	х	\$
\$5.00	х	\$		\$0.05	х	\$
\$1.00	х	\$		\$0.01	х	\$
	TOTAL BILLS:	\$	+		TOTAL COINS:	\$
TOTAL CASH:						\$
TOTAL CHECKS:						\$
TOTAL DEPOSIT:						\$
APPROVED BY (EVENT CHAIRPERSON):					DATE:	
SIGNATURE OF MONEY COUNTER:					DATE:	
					/	1
SIGNATURE OF MONEY COUNTER:					DATE:	1
~ Confirm that all che ~ Place this form and	d complete this Bank Depo cks are made payable to Sa all cash/checks in an enve easurer within 24 hours to	AUDER PTG and sta lope labeled "Deposit	mped	on the back with the E locked PTG Box.	t. ndorsement Stamp (located	, I in unlocked PTG Box)
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FOR TREASURER'S	USE UNLY					
CATEGORY:				DEPOSIT DATE:	1	1