

Bledsoe Elementary PTA

Deposit Form

Two individuals **MUST** count all deposits.

Event _____ Form Completed By _____

Date _____ Phone # _____

Budget _____

Bills	#	Amount
\$100		
\$50		
\$20		
\$10		
\$5		
\$2		
\$1		
BILLS TOTAL \$		
Coins	#	Amount
Dollar		
50 cent		
Quarters		
Dimes		
Nickels		
Pennies		
COINS TOTAL \$		
TOTAL CASH (BILLS + COINS) \$		
<i>Check Detail From Page 2</i>		CHECKS TOTAL \$
TOTAL DEPOSIT \$		

TWO SIGNATURES ARE REQUIRED ON ALL DEPOSITS

Counter's Signature _____ Date _____

Counter's Signature _____ Date _____

Bledsoe Elementary PTA

Deposit Form

Two individuals **MUST** count all deposits.

Name	Check#	Amount
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1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
18		
19		
20		
21		
22		
23		
24		
25		

Move Total To Page 1	TOTAL \$
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