

Deposit Notice

Switzer Elementary PTO

FILL OUT THIS FORM COMPLETELY.

WHENEVER POSSIBLE, TWO PEOPLE SHOULD COUNT ALL CASH.

MAKE A COPY OF THIS FORM (WITH TREASURER'S SIGNATURE) AND PLACE IN COMMITTEE/EVENT BINDER.

YOUR NAME: _____	PHONE: (_____) _____
EMAIL: _____	
PROJECT/CATEGORY: _____	
DATE SUBMITTED: _____	TOTAL AMOUNT: \$ _____
SPECIFIC DESCRIPTION OF SOURCE: (e.g. Spiritwear Orders) _____ _____	

Complete the following information for your deposit:

(IF MORE ROOM IS REQUIRED, ENTER TOTAL IN BOX BELOW & ATTACH LIST OF CHECKS)

CASH	QUANTITY	TOTAL
\$20.00		\$
\$10.00		\$
\$5.00		\$
\$1.00		\$
\$0.25		\$
\$0.10		\$
\$0.05		\$
\$0.01		\$
TOTAL CASH:		\$

CHECK NUMBER	CHECK AMOUNT
TOTAL CHECKS: \$	

COUNTER 1: _____ (print name)	_____ (signature)	_____ DATE
COUNTER 2: _____ (print name)	_____ (signature)	_____ DATE

ACCEPTED BY (PTO TREASURER): _____	DATE: _____
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