L	incrof	t PTA	Depo	sit l	Form
---	--------	-------	------	-------	------

Please submit to Treasurer all monies collec	ted within 7 days of the collection date	
Date:		
Requested By:		
Committee / Budget Area:		
Source of Funds:		
ACH / Electronic Deposit:		
Amount of Deposit:		
CHECKS (Please verify that all change in the change of Checks Received: Total \$ Amount of Checks:	ecks are payable to "Lincroft PTA")	
CASH BREAKDOWN		
BILLS	COINS	
\$100's X=	\$0.25 X=	
\$ 50's X = \$ 20's X =	\$0.10 X = \$0.05 X =	
\$ 10's X=		
\$ 5's X=		
\$ 1's X=		
TOTAL BILLS: =	TOTAL COINS: =	
TOTAL CASH (Bills + Coins)	=	
TOTAL DEPOSIT AMOUNT (Checks + Cash)	=	
Counter #1:	Counter #2:	
 Treasurer Use Only:	For	
Date of Deposit:	Date Entered in Excel	