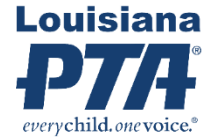


DEPOSIT FORM



Name _____ Date _____

Name on Check Check # Amount

- 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 _____
- 26 _____
- 27 _____
- 28 _____
- 29 _____
- 30 _____
- 31 _____
- 32 _____
- 33 _____
- 34 _____
- 35 _____
- 36 _____
- 37 _____
- 38 _____

Cash Summary:

\$1 X = _____

\$2 X = _____

\$5 X = _____

\$10 X = _____

\$20 X = _____

\$50 X = _____

\$100 X = _____

TOTAL = _____

Coin Summary:

1¢ X = _____

5¢ X = _____

10¢ X = _____

25¢ X = _____

50¢ X = _____

1.00¢ X = _____

TOTAL = _____

Total # of Checks: _____

Count the actual checks to catch any overlooked checks.

Deposit Totals

Checks: \$ _____

Cash: \$ _____

Coins: \$ _____

Total: \$ _____

<u>Budget Items to be Credited</u>	<u>\$ Amount</u>
------------------------------------	------------------

Executive Board Member Signature

Second Signature for Cash Deposits

For Treasurer's Use Only

Dep Date: _____ Amount: _____

Entered Into Ledger/Accounting Software

EXPENSE FORM

_____ \$ _____
Date Total Amount

Requested by: _____

Choose One:

Debit Card Purchase (Do not reimburse)

OR

Check Payable to: _____

Attach all receipts to the **back**
on **this side** of the page.



1. Itemized Expenses: Itemize each receipt with amount, store name, and budget line item or purpose/use.

<i>Amount</i>	<i>Receipt's Store Name</i>	<i>Budget Line Item</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. Budget Line Item Totals: Note the total amount for each budget line item from the above expenses.

<i>Amount</i>	<i>Budget Line Item</i>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

3. Grand Total for Check Reimbursement: _____

4. Deliver check to: _____

Mail Check to: _____

Certification: The expenses listed are authorized PTA expenses.

Signature Date

Signature Date

FOR TREASURER'S USE ONLY

_____ \$ _____
Date Disbursed Check # Amount

Note

- Receipts Attached
- Entered in Accounting Software/Ledger