

REVENUE DEPOSIT SLIP

NAME: _____ DATE: _____

COMMITTEE/FUNDRAISER DESCRIPTION: _____

CHECKS: # OF CHECKS TO BE DEPOSITED _____
 TOTAL AMOUNT OF CHECKS: \$ _____

Cash	# Deposited		Total
\$100 BILL		X 100	
\$ 50 BILL		X 50	
\$ 20 BILL		X 20	
\$ 10 BILL		X 10	
\$ 5 BILL		X 5	
\$ 1 BILL		X 1	
HALF-DOLLAR		X (0.50)	
QUARTER		X (0.25)	
DIME		X (0.10)	
NICKEL		X (0.05)	
PENNY		X (0.01)	
TOTAL AMOUNT OF CASH			\$ _____

TOTAL AMOUNT TO BE DEPOSITED: \$ _____

FOR TAXABLE SALES - STATE TAX DUE: _____

Please keep a copy of this form for your records. All deposits should be provided to the PTSA Treasurer or alternative board member by personal arrangement. DO NOT SEND CASH OR CHECKS THROUGH THE SCHOOL.

For Internal Use Only:
 Date Deposited: _____ By: _____