LTHS PTO - CASH DEPOSIT FORM

□ casł			s been counted by two differ	ent people.	CH SC	
□ che	cks – <i>use CHECK I</i>	DEPOSIT FORM				
ame:			Phone:	Date:		
ource of Money:				Event Date:		
					T	
Bills	Quantity	Amount	Coins	Quantity	Amount	
Bills \$100	Quantity	Amount	Coins Dollar	Quantity	Amount	
	Quantity	Amount		Quantity	Amount	
\$100	Quantity	Amount	Dollar	Quantity	Amount	
\$100 \$50	Quantity	Amount	Dollar Half dollar	Quantity	Amount	
\$100 \$50 \$20	Quantity	Amount	Dollar Half dollar Quarter	Quantity	Amount	
\$100 \$50 \$20 \$10	Quantity	Amount	Dollar Half dollar Quarter Dime			
\$100 \$50 \$20 \$10 \$5	Quantity	Amount	Dollar Half dollar Quarter Dime Nickel	Quantity Coin Total =		
\$50 \$20 \$10 \$5 \$2	Quantity Bill Total =		Dollar Half dollar Quarter Dime Nickel			

----- Treasurer's Notes

Notes:

Date Received: _____ Amount Deposited: _____ Date Deposited: _____

First Counter: _____ Date: _____

Second Counter: _____ Date: _____

Required Signatures:

Grand Total = \$ _____.___