

DEPOSIT FORM

Name	Date
Name on Check	Check # \$
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.	_____

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: _____

Online Transfer Source: _____

Deposit Totals

Checks: \$ _____

Cash: \$ _____

Coins: \$ _____

Online Transfer: \$ _____

Total: \$ _____

Budget Items to be Credited	\$ Amount
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Executive Board Member Signature

Second Signature for Cash Deposits

Notes

For Treasurer's Use Only

Dep Date: _____ Amount: _____

Entered into Ledger/Accounting Software

Upload Receipts