

Gallup Hill PTO

DEPOSIT NOTICE

Your Name:	Phone:
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Project/Income Category: (Example: Book Fair, School Store, Penguin Patch, Lolligrams)

Date Submitted: (mm/dd/year)

Signature:
(Of person submitting cash/checks for deposit)

DEPOSIT BREAKDOWN:		
Bills/Coins	Quantity	Total
\$50	x	\$
\$20	x	\$
\$10	x	\$
\$5	x	\$
\$1	x	\$
Quarters (\$0.25)	x	\$
Dimes (\$0.10)	x	\$
Nickels (\$0.05)	x	\$
Pennies (\$0.01)	x	\$
Other	x	\$
		Cash TOTAL:
		Coin TOTAL:
		Quantity of Checks:
		Checks TOTAL:

TOTAL DEPOSIT: \$
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Accepted By: (PTO Board Member)	Date:
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Treasurer's Use Only:		
Category:	Deposit Date:	Recorded: