

## Heritage Elementary School PTA - Deposit Form

Place original in the safe with the deposit. Original submission must be counted in the presence of 2 people.

**Date:** \_\_\_\_\_ **Submitted By:** \_\_\_\_\_

**Event:** \_\_\_\_\_

**Budget Line:** \_\_\_\_\_ **Witness:** \_\_\_\_\_

**Total Cash:** \_\_\_\_\_

**Total Checks:** \_\_\_\_\_

**Total Donation:** \_\_\_\_\_

**Total Deposit:** \_\_\_\_\_

### List Checks Below

	Name	Check #	Check Amount	Donation Amount
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
			<b>Check Total</b>	<b>Donation Total</b>
			_____	_____
			_____	_____

PTA Use Only

Asst Treasurer _____	Date: _____
Verifying Count _____	Date: _____
Depositer Name _____	Date: _____