PS199 PTA Deposit Form

Submitted by: Date:

Contact Info: Cell: Email:

Event Name/Purpose:

Committee Chair:

Cash Summary

Please have all bills face up and in the right direction. (Bank requirement) Thank you.

Denomination	Count	Amount
Pennies	-	$ -
Nickels	-	$ -
Dimes	-	$ -
Quarters	-	$ -
Other		
Coin Sub total		**$ -**
1's	-	$ -
5's	-	$ -
10's	-	$ -
20's	-	$ -
50's	-	$ -
100's	-	$ -
Bills Sub total		**$ -**
Total Cash		**$ -**

Signature of Cash Total Verifier:

Check Summary- Use second form if more than 30 checks.

	Check #	Name		Amount
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				
			Total	$ -

Total Cash: **$ -**

Total Checks: **$ -**

Total Deposit: **$ -**

Date Received by Treasurer:

Date Deposited: