



**BILLINGS PUBLIC SCHOOLS
DEPOSIT SLIP**

No. _____

School/ Department _____ Date _____

Account Name _____

Remarks _____

Currency _____.

Total Coin _____.

Checks _____.

Total _____.

Summary _____ Customer No. _____

Lonesome _____ Hit AR _____ Div. Code _____

Budget Code _____ \$ _____.

Budget Code _____ \$ _____.

Budget Code _____ \$ _____.

Budget Code _____ \$ _____.

This Deposit is submitted by: _____

(Signature)