

Deposit Notice

Notes:

Forest Dale Elementary PTO

YOUR NAME:		EMAIL:	PHONE: () -
STUDENT'S NAME:	GRADE:	TEACHER:	COMMITTEE:
DATE SUBMITTED: / /		TOTAL AMOUNT: \$	
SPECIFIC DESCRIPTION OF SOURCE: (eg. Payments for ice cream)			

Complete the following information for your deposit:

(If you have more checks, please use the Additional Check Deposit form)

CASH	QUANTITY	TOTAL
\$20.00		\$
\$10.00		\$
\$5.00		\$
\$1.00		\$
\$0.50		\$
\$0.25		\$
\$0.10		\$
\$0.05		\$
\$0.01		\$
TOTAL CASH: \$		

CHECK NUMBER	PAYER NAME	CHECK AMOUNT
1)		
2)		
3)		
4)		
5)		
6)		
7)		
8)		
9)		
10)		
11)		
12)		
13)		
14)		
15)		
16)		
17)		
TOTAL CHECKS: \$		