

Deposit Form

Eisenhower Intermediate PTO

YOUR NAME:	PHONE:
EVENT NAME:	
DATE SUBMITTED:	TOTAL DEPOSIT AMOUNT:
	\$
SPECIFIC DESCRIPTION OF SOURCE (e.g., payments for ice cream):	

Complete the following information for your deposit:

CASH	QTY	TOTAL	CHECK #	CHECK AMT
\$ 50.00		\$		
\$ 20.00		\$		
\$ 10.00		\$		
\$ 5.00		\$		
\$ 1.00		\$		
\$ 0.25		\$		
\$ 0.10		\$		
\$ 0.05		\$		
\$ 0.01		\$		
TOTAL CASH: \$			#	TOTAL CHECKS: \$

ACCEPTED BY (PTO TREASURER):	DATE:

FOR TREASURER'S USE ONLY: Category _____ Check # _____ Date _____ Logged _____