

Dr. John Hole PTO

Deposit Notice

COVID-19 Restrictions

To minimize touch points, please complete this form, scan your paperwork and/or receipts and email them to johnholeptotreasurer@gmail.com.

Your Name _____ Phone _____

Date Submitted _____

Project/Category _____

Total Amount \$ _____

Specific Description of Source (ex: payments or ice cream):

Complete the following information for your deposit

Cash	Checks
\$ 20 x _____ = _____ . _____	
\$ 10 x _____ = _____ . _____	
\$ 5 x _____ = _____ . _____	
\$ 1 x _____ = _____ . _____	
\$.25 x _____ = _____ . _____	
\$.10 x _____ = _____ . _____	
\$.05 x _____ = _____ . _____	
\$.01 x _____ = _____ . _____	
TOTAL CASH \$ _____	Number of Checks _____
	TOTAL CHECKS \$ _____

Accepted by (PTO Treasurer) _____ Date _____

For treasurer's use only

Deposit Date _____

Logged _____