



**Dexter Community Schools**  
 2704 Baker Rd  
 Dexter, Michigan 48130  
 (734) 424-4100 – Phone  
 (734) 424-4111 – Fax

**Student/School Activity Accounts  
 Deposit Worksheet**

**Account # 29-0179-0000-(\_\_\_\_)-0000-(\_\_\_\_) Account Name \_\_\_\_\_**

**Event/Activity \_\_\_\_\_ Event Date \_\_\_\_\_**

**Event Contact \_\_\_\_\_**

**Cash: Amount \$ \_\_\_\_\_ (currency \_\_\_\_\_ coin \_\_\_\_\_)**

**Checks: Amount \$ \_\_\_\_\_**

*Note: Please attach a detailed listing of each check received; this can be detailed on the deposit slip or include a spreadsheet or other written roster of payments listing.*

*Note: Please include Internal Activity Account "29-0179-0000-xxx-0000-xxxxx" on the face of each check.*

**Total Deposit \$ \_\_\_\_\_**

**I verify I received and counted the above cash and checks:**

\_\_\_\_\_  
 Sponsor (or designated Adult) Signature      Name (Print)      Date

\_\_\_\_\_  
 Additional (verified by) Signature      Name (Print)      Date  
*(Recommended for cash deposits over \$500)*

**D received (unverified)      D received and verified      D receipt book # (if any) \_\_\_\_\_**

\_\_\_\_\_  
 Received by Signature      Name (Print)      Date  
*Note: Provide a copy of this Deposit Worksheet to Sponsor as a receipt and match to Account Statements*

**D verified (at a later time)      Notation (if any) \_\_\_\_\_**

\_\_\_\_\_  
 Verified by Signature      Name (Print)      Date

**Bank deposit by:** \_\_\_\_\_  
 Name (Print)      Date

***Note: Forward yellow Bank Deposit Slip and original Deposit Worksheet to the Business Office no later than the last business day of each month.***