



Lakota East PTSO Deposit Form

Event/Activity/Program: _____ Date: _____

Funds should be counted by **two** people:

Counter #1	Counter #2
Name (Printed)	Name (Printed)
Signature	Signature
Phone	Phone

1. On the back of this form or on a separate sheet, **PLEASE LIST EACH CHECK SEPARATELY** showing the following: name, check number, and amount.
2. Keep a copy of this form for your records.
3. Do not leave deposit unattended. Return form and checks/cash to PTSO Treasurer (Tasha Brown, tasha.brown@gmail.com, 513-885-9961).

Denomination	Number of Items	Total
Total Checks		
\$50.00		
\$20.00		
\$10.00		
\$5.00		
\$1.00		
\$0.25		
\$0.10		
\$0.05		
\$0.01		
Total Cash		
Total Deposit:		

Accepted by (PTSO Treasurer)	Date
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Treasurer Use Only
Bank Account: Checking Memorial Savings

Budget Line/Liability Fund: _____ Date of Bank Deposit: _____



Lakota East PTSO Deposit Details

Event/Activity/Program: _____ Date: _____

Note: A Deposit Form must accompany this list.

	Name	Check #	Check Amount	Cash Amount	Payment Applied to Member's Account (if applicable)
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					

Page Totals:

of checks collected

Total Check Amount

Total Cash Amount

Page ____ of ____

\$ _____

\$ _____