

Community Independent School District Deposit Form

Student/Campus Group/Organization

Date

Activity/Reason for Deposit

Campus

Cash

Checks

Number: _____ **Total:** _____

Name & Number: _____ **Amount:** _____

_____ Pennies @ .01.....

1. _____

_____ Nickels @ .05.....

2. _____

_____ Dimes @ .10

3. _____

_____ Quarters @ .25

4. _____

_____ Halves @ .50

5. _____

_____ Ones @ 1.00

6. _____

_____ Twos @ 2.00

7. _____

_____ Fives @ 5.00.....

8. _____

_____ Tens @ 10.00

9. _____

_____ Twenties @ 20.00

10. _____

_____ Fifties @ 50.00

11. _____

_____ Hundreds @ 100.00

12. _____

Cash Total: _____

13. _____

14. _____

Receipt Number _____ - _____

15. _____

Sponsor Signature

16. _____

17. _____

Finance Account Number

18. _____

Office Receipt Number

Checks Total: _____

Office Signature

Grand Total: _____

