DIXON PTO DEPOSIT FORM

DEPOSIT DATE:_____ TOTAL NET DEPOSIT $_____

Committee/Event	Total Dollar Amount
_____	_____
_____	_____
_____	_____

Total Cash $_____ Currency _____

Coins _____

Total Checks $_____

Please stamp and itemize all checks:

Last Name	Check #	Amount	Comm/Event

Last Name	Check #	Amount	Comm/Event