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)

☐ ***received (unverified)*** ☐ ***received and verified*** ☐ ***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

☐ ***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.