

# PITTSFORD CENTRAL SCHOOL DEPOSIT TRANSMITTAL FORM

Depositing Dept or Club Information: \_\_\_\_\_

Date \_\_\_\_\_ Phone \_\_\_\_\_

Dept Name \_\_\_\_\_ School/Location \_\_\_\_\_

Person completing form \_\_\_\_\_

Description	Activity/Purpose	If applicable		Amount
		Beginning * Ticket #	Ending * Ticket #	

**\* Please complete ticket information if applicable**

Deposit Composition by Payment Type

Total \_\_\_\_\_

Checks \_\_\_\_\_

Cash: Bills \_\_\_\_\_

      Coins \_\_\_\_\_

TOTAL \_\_\_\_\_

<b>FOR OFFICE USE ONLY</b>		Receipt Number _____
Receipt of Cash _____	Date _____	Dept. _____
		Initials _____