

Eastampton Community School PTA



For The Children

1 Student Drive • Eastampton, New Jersey 08060

PTA Deposit Slip

_____ Date

_____ Program Name/Revenue Function

_____ Contact Name

_____ Contact Telephone/Email

CURRENCY			CHECKS	
Type	Quantity	Total (in Dollars)	Check No.	Amount
Bills \$100s	_____	_____	_____	_____
\$50s	_____	_____	_____	_____
\$20s	_____	_____	_____	_____
\$10s	_____	_____	_____	_____
\$5s	_____	_____	_____	_____
\$1s	_____	_____	_____	_____
Individual Coins				
Quarters	_____	_____	_____	_____
Dimes	_____	_____	_____	_____
Nickels	_____	_____	_____	_____
Pennies	_____	_____	_____	_____
TOTAL CURRENCY \$ _____			TOTAL CHECKS \$ _____	
			Total Checks (this page) _____ Total Checks (Page 2) _____ Total Checks (Page 3) _____	

******* DO NOT WRITE BELOW LINE/TREASURER'S USE ONLY *******

Deposit Verified: _____

Revenue Account: _____

Deposit Date: _____

Recorded Date: _____