

New Paltz School District

Deposit # _____

Date _____

School: _____

Teacher/Class: _____

Purpose of Funds : _____

Cash:	Student's Name	Cash Amount	
1		\$	
2		\$	
3		\$	
4		\$	
5		\$	
6		\$	
7		\$	
8		\$	
9		\$	
10		\$	
Total Cash Collected:		\$	

Checks:	Name on Check	Check #	Check Amount	
1			\$	
2			\$	
3			\$	
4			\$	
5			\$	
6			\$	
7			\$	
8			\$	
9			\$	
10			\$	
11			\$	
12			\$	
13			\$	
14			\$	
15			\$	
16			\$	
17			\$	
18			\$	
19			\$	
20			\$	
Total Checks:			\$	

TOTAL DEPOSIT: \$

Deposited By:

Received By:
