Form Number (Fill out Type and Group Only – See Groups below): ___ - ___ - 2526-___
*Type *Group Year Number

Buford Elementary
Deposit Form

*Please count money with someone, print and sign names. NO coins unless in rolls.

Group Name (See below): _____

Names: _____ _____

Signatures: _____ _____

**Currency Count by Denomination			*Checks	
	Denomination	$	Check #	Amount
	$100			
	50			
	20			
	10			
	5			
	2			
	1			
**CURRENCY TOTAL				
Coin Count (MUST BE ROLLED)				
	x $1.00 coins			
	x 25¢ ($10 roll)			
	x 10¢ ($5 roll)			
	x 5¢ ($2 roll)			
	x 1¢ (50¢ roll)			
COIN TOTAL				
*CHECK TOTAL			*Check Total	
**CURRENCY TOTAL FROM ABOVE				
***FINAL TOTAL			-This is the amount to deposit	

THIS SECTION FOR Treasurer USE ONLY

***Final amount being deposited: $ _____

Date deposited: _____ Deposited by: _____

A - ASB Students **B** - Carnivals **C** - Counseling **D** - Donations **E** - Food Sales **F** - Fine Arts
G - General **H** - TK/Kinder **J** - 1st Grade **K** - 2nd Grade **L** - Library **M** - 3rd Grade
N - 4th Grade **O** - Office Funds **P** - 5th Grade **Q** - Labs/Learning Center