

LONGFELLOW P.T.O

DEPOSIT FORM



Committee: _____

Chairman: _____

OFFICE USE ONLY:

Deposit date: _____

Total deposit (if different): _____

Treasurer initials: _____

TOTAL DEPOSIT (CASH + CHECKS)

Deposit Description (if different than committee name): _____

SUBMISSION DATE (MM/DD/YYYY): _____

SIGNATURE REQUIRED: _____

All deposits should be made within **one week** of the event.

Please send an email to bglongfellowpto@gmail.com for any questions or concerns

Please Fill Out Where Applicable

CHECKS - All Checks - Payable to "Longfellow PTO"

Total Number of Checks Received:

Total Check Amount for Deposit: \$

CASH - Please face and group bills by denomination

TOTAL CURRENCY RECEIVED: \$ _____

ones \$ _____

twenties \$ _____

fives \$ _____

fifties \$ _____

tens \$ _____

hundreds \$ _____

2-Dollar Bill \$ _____

TOTAL COINS RECEIVED: \$ _____

pennies \$ _____

dimes \$ _____

nickels \$ _____

quarters \$ _____

half dollar \$ _____

dollar coin \$ _____

TOTAL CASH (currency and coins) RECEIVED \$ _____