

PTA Deposit Voucher

Event: _____

Date: _____

Was Sales Tax Collected at this Event? _____ Yes

_____ No

Chairman: _____

Phone: _____

Person completing form: _____

Phone: _____

Account to credit: _____

(If the deposit reflects more than one account, please identify each account and amount that should be added to each.)

(Please make sure that there are always two people counting money to protect the reliability of the count.)

Total of checks (attach a tape, or list checks on reverse) CHECKS: \$ _____

Bills	#	Amount
\$100		
\$50		
\$20		
\$10		
\$5		
\$2		
\$1		

Coins	#	Amount
Dollar		
50 Cent		
Quarters		
Dimes		
Nickels		
Pennies		

Total Bills \$ _____ Total Coins \$ _____

Notes:

Total cash \$ _____

TOTAL DEPOSIT \$ _____

AMOUNT OF START-UP CASH TO BE

RE-DEPOSITED: \$ _____

Counter's Signature _____ Date _____

Counter's Signature _____ Date _____

Received by Treasurer _____ Date _____

(When turning in a deposit, please allow time for another count of the total deposit so a receipt can be issued.)