

Deposit Form

PTO ~ SUPPORT GROUP NAME: _____

Fundraiser/Event Name _____

Date of Event _____

Your Name _____

Date of Collection _____

Project/Category _____ Event Date _____ Amount \$ _____

Project/Category _____ Event Date _____ Amount \$ _____

Project/Category _____ Event Date _____ Amount \$ _____

Project/Category _____ Event Date _____ Amount \$ _____

Project/Category _____ Event Date _____ Amount \$ _____

Total Deposit Amount \$ _____

Specific Description of Source (ex: payments for ice cream, M2M table rentals, etc.)

Complete the following information for your deposit:

Cash Collected

\$50.00 = _____

\$20.00 = _____

\$10.00 = _____

\$5.00 = _____

\$1.00 = _____

Change = _____

TOTAL CASH = _____

Checks Collected

For multiple checks use the Deposit Payment Log

of checks enclosed _____

TOTAL CHECKS = \$ _____

Counted By _____

Date _____

Counted By _____

Date _____

For Treasurer's use only

Category _____ Transaction ID _____ Deposit Date _____ Logged _____

Accepted by PTO Treasurer _____

Date _____