

SSHS PTA DEPOSIT FORM

Event: _____

Date: _____

Cash		
Count	Denomination	Total
	\$ 0.01	\$
	\$ 0.05	\$
	\$ 0.10	\$
	\$ 0.25	\$
	\$ 0.50	\$
	\$ 1.00	\$
	\$ 5.00	\$
	\$ 10.00	\$
	\$ 20.00	\$
	\$ 50.00	\$
	\$ 100.00	\$

Total Cash \$

Checks			Checks		
CK. #	Name	Amount	CK. #	Name	Amount

Total Ck. Count _____ **Total Checks** \$

Grand Total \$

Counted by: _____

Verified by: _____