

**LTHS PTA
DEPOSIT FORM**

Event/Fundraiser _____ Date _____

Person completing form _____ Phone _____

CHECKS:

of Checks _____ TOTAL CHECKS:\$ _____
(Attach a tape or spreadsheet listing amount of each check)

CASH:

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

TOTAL CASH: \$ _____

TOTAL Deposit:\$ _____

1st Counter Signature _____ Date _____

2nd Counter Signature _____ Date _____

Treasurer Signature _____ Date _____

