

Deposit Notice

Green Brook PTO

YOUR NAME:	PHONE:
PROJECT/CATEGORY:	
DATE SUBMITTED:	TOTAL DEPOSIT AMOUNT:
SPECIFIC DESCRIPTION OF SOURCE (e.g., payments for ice cream):	

Complete the following information for your deposit:

CASH	QTY	TOTAL	CHECK #	CHECK AMT
\$ 50.00				
\$ 20.00				
\$ 10.00				
\$ 5.00				
\$ 1.00				
\$ 0.25				
\$ 0.10				
\$ 0.05				
\$ 0.01				
TOTAL CASH:			# TOTAL CHECKS:	

ACCEPTED BY (PTO TREASURER):	DATE:

FOR TREASURER'S USE ONLY: Deposit date _____ Deposited by _____