Deposit Slips

Event Date:	**Type of Event / Item:**

Cash Count

Pennies: $	1.00: $	50.00: $
Nickles: $	5.00: $	100.00: $
Dimes: $	10.00: $	TOTAL: $
Quarters: $	20.00: $	
TOTAL: $	TOTAL: $	

Check Count

Check Number:	Check Number:	Check Number:
Name:	Name:	Name:
Amount: $	Amount: $	Amount: $

Check Number:	Check Number:	Check Number:
Name:	Name:	Name:
Amount: $	Amount: $	Amount: $

Check Total Amount: $	**Cash Total Amount: $**	**Deposit Total Amount: $**

For Office Use Only!

Counted By: _____

Counted By: _____

☐ **Date Received:** _____

☐ **Date Recorded in Program:** _____

Treasurer Signature: _____