



Name of School: _____
Deposit Received From: _____
Date Submitted to Office: _____
Category (Account): _____
Committee/Class: _____
Fundraising Event: _____

**must be completed
*if applicable
if applicable

CASH & COINS:

Quantity		Amount		Rolled Coins		Amount	
_____	X	0.05	_____	_____	X	0.05	_____
_____	X	0.10	_____	_____	X	0.10	_____
_____	X	0.25	_____	_____	X	0.25	_____
_____	X	1.00	_____	_____	X	1.00	_____
_____	X	2.00	_____	_____	X	2.00	_____
_____	X	5.00	_____	_____	X		_____
_____	X	10.00	_____	_____			_____
_____	X	20.00	_____	_____			_____
_____	X	50.00	_____	_____			_____
_____	X	100.00	_____	_____			_____
		TOTAL CASH	_____				

CHEQUES:

NAME	Amount
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**Back up must be attached to show who money was received from eg. Class List*

TOTAL CHEQUES _____
TOTAL DEPOSIT _____

Submitted & Checked By: _____ Date: _____
(Staff Member)
Received & Checked By: _____ Date: _____
(Office Staff)
Approved by: _____ Date: _____
(Principal)
Deposited By: _____ Deposit Date: _____
Receipt(s) Issued # _____ Comments: _____