

# PTA Itemized Deposit Form

Event: \_\_\_\_\_

Date: \_\_\_\_\_

Chairperson: \_\_\_\_\_

Phone: \_\_\_\_\_

Person completing form: \_\_\_\_\_

Phone: \_\_\_\_\_

(Please make sure that there are always 2 people counting money to protect the reliability of the count.)

**Total checks:**

\$ \_\_\_\_\_

(Attach a tape/written account including check number, last name of payee and amount)

**Total bills:**

\$ \_\_\_\_\_

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

**Total coins:**

\$ \_\_\_\_\_

Bills	#	Amount
\$1		
0.50		
0.25		
0.10		
0.05		
0.01		
Total:		\$

**Total Deposit:**

\$ \_\_\_\_\_

Counter's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Counter's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Received by Treasurer: \_\_\_\_\_

Date: \_\_\_\_\_

(When turning in a deposit, please allow time for another count of the total deposit so a receipt can be given to the person turning in the deposit.)