PTA Itemized Deposit Form

Event: Person completing form:

Date: Phone:

Attach a list detailing the name, amount and check number (if applicable) for anyone you collected funds.

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

# Total checks: $

# 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: Counter’s Signature:

Received by Treasurer:

Date: Date:

Date:

Please provide this form, the checks and cash to the Treasurer for deposit at the bank.