

DEPOSIT FORM

Name of Committee Chair:		Request Date: __/__/____			
Description of Proceeds Received:		Amount:			
Signature of Committee Chair:					
Related PTO budget line:					
Cash Count:					
Currency:		Amount:	Total:		
\$100	x				
\$50	x				
\$20	x				
\$10	x				
\$5	x				
\$2	x				
\$1	x				
\$.25	x				
\$.1	x				
\$.05	x				
\$.01	x				
TOTAL CASH/CHANGE:					
Check Count: (List or attach tape)					
Name	#	\$	Name	#	\$
TOTAL CHECKS:			\$		

All checks must be made payable to the Mt. Horeb PTO. \$50 fee for all returned checks (charged to party who paid with the check).

Please return this form and deposits to the mailbox of the PTO Treasurer (ToniAnn Feeney) in the Mt. Horeb main office.