



Bank Deposit Form

Submit one form for each Budget Line Item deposit.

Date: _____	Amount Submitted: \$ _____
Purpose/Event or Budget Line Item: _____	
Count 1 – Total Collected Funds:	_____ <i>Name</i> _____ <i>Signature</i>
Count 2 - Verification of Total Funds:	_____ <i>Name</i> _____ <i>Signature</i>

Cash Detail			
Coins	Amount	Bills	Amount
Pennies	\$ _____	\$1 x _____	\$ _____
Nickels	\$ _____	\$5 x _____	\$ _____
Dimes	\$ _____	\$10 x _____	\$ _____
Quarters	\$ _____	\$20 x _____	\$ _____
Other	\$ _____	Other	\$ _____
Total Coins	\$ _____	Total Bills	\$ _____

Check Detail					
If you have a large number of checks, in lieu of writing each item, please include the total number of checks and the total amount of the checks.					
Date	Check #	Amount	Date	Check #	Amount
Total					\$ _____

FOR TREASURER USE ONLY		
Date Rcvd:	Budget Line Item:	
Receipt #:	Deposit Date:	Deposit Amount: \$
Treasurer Verification of Funds and Notes:	_____ <i>Initials</i>	