

Kentwood PTSA 9.7.120 Deposit Voucher

Please complete this form and give it to the Treasurer with money for deposit. **Two PTSA members (other than Treasurer) must count and verify all deposits.** Deposits must be made within two weeks of the event. Thank you!

Event /Committee: _____

Date: _____

Person completing form: _____

Phone: _____

Please list breakdown of deposit below, and please include all check numbers.

Coins		Bills		Check #	Name	Amount
pennies		ones				
nickels		fives				
dimes		tens				
quarters		twenties				
halves		fifties				
dollars		hundreds				
Total coin		Total bills			Total checks	
					Total Cash	
Total # of checks					Plus checks from 2nd page Y/ N	
					Total \$ of deposit	

(If additional space is needed, please use back of form or second page.)

Counted by: _____
(Signature) (Print Name)

Phone #: _____

Counted by: _____
(Signature) (Print Name)

Phone #: _____

Comments: _____

DO NOT WRITE BELOW THIS LINE –FOR CASHIER USE ONLY

Event: _____

Event Date: _____

Total Amount Received: \$ _____

Date: _____

Cash: \$ _____ Checks: # _____ \$ _____

Receipt # _____

Deposit Date: _____ Cashier's Signature: _____

Comments: _____

If additional space is needed to record checks, please list here:

	Check #	Name	Amount
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
21			
22			
23			
24			
25			
26			
27			
28			
29			
30			
			\$

Total number of checks this page		
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	Check #	Name	Amount
31			
32			
33			
34			
35			
36			
37			
38			
39			
40			
41			
42			
43			
44			
45			
46			
47			
48			
49			
50			
51			
52			
53			
54			
55			
56			
57			
58			
59			
60			
			\$

Total \$ this page		
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