

PTA Deposit Voucher

Event: _____ Date: _____

Was Sales Tax Collected? Yes No

Chairman: _____ Phone: _____

Person of Business? Yes No

Account to credit:
 (If the deposit reflects more than one account, please identify each account and amount that should be added to each.)

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

Total of checks (attach list of checks on reverse) CHECKS: \$ _____

Bills	#	Amount	Coins	Amount
\$100			Dollar	
\$50			50 Cent	
\$20			Quarters	
\$10			Dimes	
\$5			Nickels	
\$2			Pennies	
\$1				

Total Bills \$ _____ Total Coins \$ _____

Notes:

Total cash \$ _____
TOTAL DEPOSIT \$ _____

AMOUNT OF STARTING CASH TO BE RE-DEPOSITED: \$ _____

Counter's Signature _____ Date _____

Counter's Signature _____ Date _____

Received by Treasurer _____ Date _____
 (When turning in a deposit, please bring a receipt for another count of the total deposit as a receipt can be issued.)