

DEPOSIT SLIP



Complete the information below and then give to the Financial Secretary

Date: _____ Printed Name: _____

Function: _____

CASH:

Denomination	Nbr of Bills	Totals
\$1		\$
\$5		\$
\$10		\$
\$20		\$
\$50		\$
\$100		\$
Bill Total		\$

CHECKS:

Nbr of Checks	Total
_____	= \$ _____

CARD CHARGES:

Nbr of Transactions	Total
_____	= _____

Denomination	Nbr of Coins	Totals
1c		\$
5c		\$
10c		\$
25c		\$
50c		\$
Total Coin		\$

Cash Total	\$ _____
Coin Total	\$ _____
Check Total	\$ _____
Card Total	\$ _____
Sub Total	\$ _____
Minus Bank Charges	\$ _____
Grand Total	\$ _____