



DEPOSIT FORM

PS/IS 276 PTA
55 Battery Place
New York, NY 10280

Date submitted: _____

Event Name/Purpose:

Submitted By _____

Name: _____

Email: _____

Denomination	Count	Amount
Pennies		\$
Nickels		\$
Dimes		\$
Quarters		\$
Other		\$
Coin Sub Total		\$
1's		\$
5's		\$
10's		\$
20's		\$
50's		\$
100's		\$
Other		\$
Bill Sub Total		\$
Total Cash		\$

	Check #	Name	Amount
1			\$
2			\$
3			\$
4			\$
5			\$
6			\$
7			\$
8			\$
9			\$
10			\$
11			\$
12			\$
13			\$
14			\$
15			\$
16			\$
17			\$
18			\$
19			\$
20			\$
Total Checks			\$

Total Checks	\$
Total Cash	\$
Total Deposit	\$

Cash Total Verified by (2 Counters Required):

(Print/Signature)

(Print/Signature)

Treasurer's Verification	\$
Short/Balanced/Over (circle one)	\$
Date Verified	

Treasurer's Signature:
Notes/Remarks: