

Pearl River School District Deposit Form

School/Location Name: _____

Name of Depositor: _____

Email Address: _____

Received by: Mail By Hand: Inter Off.

Purpose of Deposit: _____

Date of Deposit: _____

Cash		
Bills	Total #	Total Amount
\$100 Bills x _____	=	_____
\$50 Bills x _____	=	_____
\$20 Bills x _____	=	_____
\$10 Bills x _____	=	_____
\$5 Bills x _____	=	_____
\$1 Bills x _____	=	_____
		Total All Bills _____
Coins		
Quarters _____	_____	_____
Dimes _____	_____	_____
Nickels _____	_____	_____
Pennies _____	_____	_____
(all coins must be wrapped)		Total All Coins _____
TOTAL ALL CASH		_____

Checks		
Total # _____	@ _____	= _____
Total # _____	@ _____	= _____
Total # _____	@ _____	= _____
Total # _____	@ _____	= _____
Total # _____	@ _____	= _____
Total # _____	@ _____	= _____
TOTAL ALL CHECKS		_____
TOTAL DEPOSIT		_____

Business Office Use ONLY

Cash Account Name and #: _____

G/L Account #: _____ Amount: _____

G/L Account #: _____ Amount: _____

G/L Account #: _____ Amount: _____

G/L Account #: _____ Amount: _____

Total: _____

Deposit Verified by Business Office _____ **Date** _____

Please mark 'HAND DELIVERY' on all deposits sent to the Business Office.

Any question on deposits, please call Maria in the Business Office at 620-3833.