

Deposit Recap

Date: _____

Note: Two people must count deposit independently

Person 1		Person 2	
Coin	Currency	Coin	Currency
Pennies _____	Ones _____	Pennies _____	Ones _____
Nickels _____	Fives _____	Nickels _____	Fives _____
Dimes _____	Tens _____	Dimes _____	Tens _____
Quarters _____	Twenties _____	Quarters _____	Twenties _____
Other _____	Fifties _____	Other _____	Fifties _____
_____	Other _____	_____	Other _____
Total: _____	Total: _____	Total: _____	Total: _____

Total Cash _____

Total Cash _____

Total Checks* _____

Total Checks* _____

----- Note: *Please attach two tapes if more than 5 checks -----

Total Deposit _____

Total Deposit _____

Deposit Verification sign below:

Deposit Verification sign below:

Income Category:

- | | |
|--|--|
| <ul style="list-style-type: none"> <input type="checkbox"/> After School Programs <input type="checkbox"/> Auction <input type="checkbox"/> Book Fair <input type="checkbox"/> Carnival
 <input type="checkbox"/> Contributions – Other <input type="checkbox"/> Direct Ask Campaign <input type="checkbox"/> Drama <input type="checkbox"/> Gift Wrap <input type="checkbox"/> Membership Sales | <ul style="list-style-type: none"> <input type="checkbox"/> Plant Sale <input type="checkbox"/> Script Sales (Direct) <input type="checkbox"/> Script Sales (thru Clearinghouse) <input type="checkbox"/> Social Events (Concessions, Bake sales, Other _____) <input type="checkbox"/> T-Shirt <input type="checkbox"/> Year Book <input type="checkbox"/> Other _____ |
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