

# NORTH STONINGTON P T O {DEPOSIT NOTICE FORM}

Your Name:

Phone Number: (        )        -

Form Submission Date:    /    /

Committee Chair Name:

Total Deposit Amount: \$

Cash Box Start Amount : \$

Budget Line Item Money is to be Deposited to:

Specific Description of Source:

COMPLETE THE FOLLOWING INFORMATION FOR YOUR DEPOSIT:

CASH	Quantity	Total	Check #	Check Amount
\$100.00				
\$50.00				
\$20.00				
\$10.00				
\$5.00				
\$1.00				
\$0.25				
\$0.10				
\$0.05				
\$0.01				
Total Cash: \$			Total Checks: \$	

Approved by (Event Volunteer):

Date Signed:  
/ /

Approved by (Committee Chair Person):

Date Signed:  
/ /

Approved by (Treasurer):

Date Signed:  
/ /

Treasurer's Use Only: Category \_\_\_\_\_ Deposit Date \_\_\_\_\_ Logged \_\_\_\_\_