College Square PTO Deposit Form

YOUR NAME:							PHONE:		
PROJECT/CATEGORY:							DATE OF EVENT:		
SPECIFIC DESCRIPTION:						TOTAL DEPOSIT AMOUNT:			
						DATE CURANTED.			
						DATE SUBMITTED:			
Complete the following information for your deposit:						CHECK # CHECK AMOUN		CHECK AMOUNT	
complete the following information for your deposit.						CHECK #		CHECK AIVIOUNT	
	Currency	QTY	ТО	TAL	1				
	\$100.00				1				
	\$50.00				<u>-</u>				
	\$20.00				1				
	\$10.00				1				
	\$5.00				1				
	\$1.00								
	\$0.25								
	\$0.10								
	\$0.05								
	\$0.01								
	OTHER								
TOTAL CASH:									
Signature of person Submitting Funds and Date:									
						Total Other Page: TOTAL CHECKS:			
						TOTAL CHECKS:			
Annual O Varified by Indianana of an extension of the Control of t									
Approved & Verified by (minimum of one signature required):									
President's Signature and Date: Treasurer's Signature and Date:									
					ļ				
For PTO Treasure Use Only:									
				1.		1		<u>. </u>	
	Revenue Catego	ory		Amount		Date Rece	ived	Logged	
1									
2									
3									