



Email completed form to:
momsptox@gmail.com

Deposit Form

YOUR NAME:	PHONE:
PROJECT/COMMITTEE:	
DATE SUBMITTED:	TOTAL DEPOSIT AMOUNT:
	\$ 0.00
SPECIFIC DESCRIPTION OF SOURCE (e.g., payments for ice cream):	

Complete the following information for your deposit:

CASH	QTY	TOTAL	CHECK #	CHECK AMT
\$ 50.00		\$ 0.00		
\$ 20.00		\$ 0.00		
\$ 10.00		\$ 0.00		
\$ 5.00		\$ 0.00		
\$ 1.00		\$ 0.00		
\$ 0.25		\$ 0.00		
\$ 0.10		\$ 0.00		
\$ 0.05		\$ 0.00		
\$ 0.01		\$ 0.00		
TOTAL CASH:		\$ 0.00	TOTAL CHECKS:	\$ 0.00

ACCEPTED BY (PTO TREASURER):	DATE:

FOR TREASURER'S USE ONLY: Category _____ Deposit Date _____ Logged _____