



CASH VERIFICATION/ DEPOSIT FORM

NAME: _____ DATE: _____

EVENT/PROGRAM: _____

CHECKS (Itemize all checks on reverse and transfer your totals below.)	
#of Checks: _____	Total Amount: \$ _____

PAYPAL (Itemize all PayPal transactions on reverse and transfer your totals below.)		
#of Transactions: _____	Total Amount: \$ _____	Total Service Fee: \$ _____

CREDIT CARDS (Itemize all credit card transactions on reverse and transfer your totals below.)		
#of Transactions: _____	Total Amount: \$ _____	Total Service Fee: \$ _____

CASH			
Bills	Totals	Coins	Totals
\$1.00 x _____ =	\$ _____	Penny x _____ =	\$ _____
\$5.00 x _____ =	\$ _____	Nickel x _____ =	\$ _____
\$10.00 x _____ =	\$ _____	Dime x _____ =	\$ _____
\$20.00 x _____ =	\$ _____	Quarter x _____ =	\$ _____
\$50.00 x _____ =	\$ _____	Half-dollar x _____ =	\$ _____
\$100.00 x _____ =	\$ _____	Dollar x _____ =	\$ _____
Bill Total: \$ _____		Coin Total: \$ _____	
Cash Total: \$ _____			

Counter one (PTA Officer/Title): _____	Date: _____
Counter two (PTA member): _____	Date: _____

TOTAL DEPOSIT (sum of ALL above totals): \$ _____

Treasurer's signature: _____ Date: _____

Treasurer's Use Only

Deposit Date: _____	Deposited By: _____	Data Entered <input type="checkbox"/>
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	Last Name	Check#	"P" or "C"*	Amount		Last Name	Check#	"P" or "C"*	Amount
1				\$	41				\$
2				\$	42				\$
3				\$	43				\$
4				\$	44				\$
5				\$	45				\$
6				\$	46				\$
7				\$	47				\$
8				\$	48				\$
9				\$	49				\$
10				\$	50				\$
11				\$	51				\$
12				\$	52				\$
13				\$	53				\$
14				\$	54				\$
15				\$	55				\$
16				\$	56				\$
17				\$	57				\$
18				\$	58				\$
19				\$	59				\$
20				\$	60				\$
21				\$	61				\$
22				\$	62				\$
23				\$	63				\$
24				\$	64				\$
25				\$	65				\$
26				\$	66				\$
27				\$	67				\$
28				\$	68				\$
29				\$	69				\$
30				\$	70				\$
31				\$	71				\$
32				\$	72				\$
33				\$	73				\$
34				\$	74				\$
35				\$	75				\$
36				\$	76				\$
37				\$	77				\$
38				\$	78				\$
39				\$	79				\$
40				\$	80				\$

*Write "P" for PayPal or "C" for in-person Credit Card Swipe

of checks: _____ # of credit cards: _____ # of PayPal transactions: _____

Check Total: \$ _____ Credit Total: \$ _____ PayPal Total: \$ _____

Enter total(s) in their respective "Total ..." boxes on the the front page.