

Deposit Form

TIGARD HIGH SCHOOL PSO

ALL deposits should be left in the locked file cabinet in the office

Committee: _____

Date: _____

Chairperson: _____

Phone: _____

E-mail: _____

Currency: _____

\$100s \$ _____
 \$50s \$ _____
 \$20s \$ _____
 \$10s \$ _____
 \$5s \$ _____
 \$1 \$ _____
 Coins** \$ _____

Funding Sources

Must match GRAND TOTAL

Donations: \$ _____
 Events (Ticket Sales/Classes): \$ _____
 Goods (Yearbook, Gift Shop, etc.): \$ _____
 Other: \$ _____
Total Funding Sources: \$ _____

**Coins do NOT need to be counted if a large amount. The bank will verify coin count.

Total Currency \$ _____

Total Checks \$ _____

Total # of checks _____

GRAND TOTAL \$ _____

CURRENCY + CHECKS

PSO Signature of person #1 completing this form

Date

PSO Signature of person #2 (witness) completing this form

Date

To complete this deposit, attach the following:

- 1) Adding machine tape or spreadsheet printout totaling deposit
- 2) Copy of your detail records that match the deposit total

Deposit Form 2017

8/24/2017