

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