



Gunstream Elementary PTA Itemized Deposit-Receipt Form

Event: _____ Date: _____

Chairperson: _____ Phone #: _____

Person Completing Form: _____ Phone #: _____

(Please, always make sure that there are two (2) people counting money to protect the reliability of the count.)

Check #	Check Amount		Check #	Check Amount		Check #	Check Amount	

Bills	#	Amount
\$100		
\$50		
\$20		
\$10		
\$5		
\$1		
Coins	#	Amount
Dollar		
50 cents		
Quarters		
Dimes		
Nickles		
Pennies		

Total Amount of Checks: \$ _____

Total Amount of Cash: \$ _____

TOTAL DEPOSIT: \$ _____

(When turning in a deposit, please allow time for another count of the total deposit. A receipt will be given to the person turning in the deposit.)

1st Counter's Signature: _____ Date: _____

2nd Counter's Signature: _____ Date: _____

Received by Treasurer: _____ Date: _____