Gustine Unified School District
GHS ASB Deposit Slip

Date: _____

_____

Account Name and Number:

Source of Funds _____

# of Checks _____= $

_____

*****Attach adding machine tape of all checks in this deposit.*****

Currency	_____	X $100 =	$_____
	_____	X $ 50 =	$_____
	_____	X $ 20 =	$_____
	_____	X $ 10 =	$_____
	_____	X $ 5 =	$_____
	_____	X $ 1 =	$_____
	Total of Currency		**$** _____
Coin	_____	X $ 1 =	$_____
	_____	X $ .50 =	$_____
	_____	X $ .25 =	$_____
	_____	X $ .10 =	$_____
	_____	X $ .05 =	$_____
	_____	X $ .01 =	$_____
	Total of Coin $		_____
	Total Deposited		**$**_____

Signature of Treasurer: _____

Signature of Advisor:_____

For Office Use Only **Deposit #** _____

Date verified and made to the bank: _____
Bookkeeper's Signature:_____

Date Posted to Ledger: _____**By:** _____

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Date verified and made to the bank: _____
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