



Deposit Notice

YOUR NAME:	PHONE:
EVENT/BUDGET LINE/CATEGORY	
DATE SUBMITTED	AMOUNT
SPECIFIC DESCRIPTION OF SOURCE:	

Complete the following information for your deposit:

CASH	QUANTITY	TOTAL
\$0.01		\$
\$0.05		\$
\$0.10		\$
\$0.25		\$
\$1.00		\$
\$5.00		\$
\$10.00		\$
\$20.00		\$
\$50.00		\$
\$100.00		\$
TOTAL CASH:		\$

CHECK NAME *	AMOUNT
TOTAL CHECKS: \$	

**Or include a summary tape*

ACCEPTED BY: (SFXCS PTO TREASURER)	DATE:
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