SSHS PTA DEPOSIT FORM

Event: _____

Date: _____

Cash Count	Denomination	Total
	$ 0.01	$
	$ 0.05	$
	$ 0.10	$
	$ 0.25	$
	$ 0.50	$
	$ 1.00	$
	$ 5.00	$
	$ 10.00	$
	$ 20.00	$
	$ 50.00	$
	$ 100.00	$

Total Cash **$**

Checks CK. #	Name	Amount	CK. #	Name	Amount

Total Ck. Count _____ **Total Checks** $

Grand Total **$**

Counted by: _____

Verified by: _____