

DEPOSIT FORM

Date: \_\_\_\_\_

Description: \_\_\_\_\_

Organization/Hall: \_\_\_\_\_

Account# (Org) \_\_\_\_\_

Fund                      Org                      Account                      Program                      Activity

Total deposit: \_\_\_\_\_

Currency	# of Bills	Total	Coins	# of Coins	Total
\$100			\$1		
\$50			\$0.50		
\$20			\$0.25		
\$10			\$0.10		
\$5			\$0.05		
\$2			\$0.01		
\$1					
<b>Currency total</b>			<b>Coin Total</b>		

Check Total: \_\_\_\_\_

Credit Card total \_\_\_\_\_

Batch # \_\_\_\_\_

Prepared by (Print your name and sign) \_\_\_\_\_

Phone # \_\_\_\_\_

E-mail address \_\_\_\_\_

Would you like a receipt?                      YES: \_\_\_\_\_                      NO: \_\_\_\_\_

Office use only: \_\_\_\_\_

Receipt Date: \_\_\_\_\_

Received by: \_\_\_\_\_

Deposit total verification: \_\_\_\_\_