

**2010-2011
Ralph R Smith PTA
Deposit Verification Form**

Your Name _____ Phone _____

Date _____

Event _____

Budget Category _____

Specific Description of Source (e.g., payments for ice cream)

Total Amount \$ _____

Complete the following information about your deposit:

CASH	
\$100	x _____ = _____.
\$50	x _____ = _____.
\$20	x _____ = _____.
\$10	x _____ = _____.
\$5	x _____ = _____.
\$2	x _____ = _____.
\$1	x _____ = _____.
\$1.00	x _____ = _____.
\$0.50	x _____ = _____.
\$0.25	x _____ = _____.
\$0.10	x _____ = _____.
\$0.05	x _____ = _____.
\$0.01	x _____ = _____.
Total Cash \$ _____.	

CHECKS
OF Checks _____
Total Checks \$ _____

This form **MUST** be signed by the two people verifying the deposit

Signature 1: _____ Date _____

Signature 2: _____ Date _____