



Harrison Street Elementary PTO

Deposit of Funds

Questions or Ready to Submit: Please contact Bob Keep at bobkeep@bwls.net or 440-862-0989

YOUR NAME:	PHONE:
PROJECT/CATEGORY:	
DATE SUBMITTED:	TOTAL DEPOSIT AMOUNT:
	\$
SPECIFIC DESCRIPTION OF SOURCE (e.g., payments for ice cream):	

Complete the following information for your deposit:

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

CHECK #	CHECK AMT
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
Total from other side:	\$
TOTAL CHECKS:	\$

*Need more room for checks? Please use the back!

ACCEPTED BY (PTO Deposit TREASURER):	DATE:

FOR TREASURER'S USE ONLY: Category _____ Check # _____ Date _____ Logged _____

