

John Green Elementary School Parent Faculty Club
Deposit Notice

Your Name _____ Phone _____

Date Submitted _____

Project/Category _____

Total Amount \$ _____

Specific Description of Source (*ex: payments for ice cream*)

Complete the following information for your deposit

Cash		
\$100 x _____	=	_____
\$50 x _____	=	_____
\$20 x _____	=	_____
\$10 x _____	=	_____
\$5 x _____	=	_____
\$1 x _____	=	_____
.50 x _____	=	_____
.25 x _____	=	_____
Total Cash \$ _____		

Checks (John Green Elementary School PFC)		
# _____	Amount \$ _____	Name _____
# _____	Amount \$ _____	Name _____
# _____	Amount \$ _____	Name _____
# _____	Amount \$ _____	Name _____
# _____	Amount \$ _____	Name _____
# _____	Amount \$ _____	Name _____
# _____	Amount \$ _____	Name _____
Number of Checks _____		
Total Checks \$ _____		

Accepted by (PTO Treasurer) _____ Date _____

For Treasurer's Use Only

Category _____ Transaction ID _____ Deposit Date _____ Logged _____
