

Deposit Worksheet - Check/Cash Receipts Form

LYNNHAVEN MIDDLE SCHOOL

Date funds are being submitted:	
Event (reason for deposit):	
Budget Line Item:	
Total amount being deposited (checks + cash):	\$ -
Name of Person Submitting Funds:	
Phone Number:	

Cash Detail			
Coins	Amount	Bills	Amount
Pennies		Ones	
Nickels		Fives	
Dimes		Tens	
Quarters		Twenties	
Other Coins		Other Bills	
Total Coins:	\$ -	Total Bills:	\$ -

Check Detail			
Date	Check Number	Name	Amount
			\$ -

<i>Signature of person submitting funds</i>	<i>Date</i>

<i>Signature of Treasurer verifying funds</i>	<i>Date</i>

Please note:
 If funds are calculated using a spreadsheet, please attach a copy.
 For a large number of checks, in lieu of writing each, please include the number of checks and the total amount of checks.

(for Treasurer's use)
Deposit Date _____
Total Deposit _____