



**Westergard Elementary PTO
Deposit Form**

Fundraiser/Event: _____ Committee Chairperson: _____

These funds were counted and verified by:

Print Name: _____	Print Name: _____
Signature: _____	Signature: _____

Complete the following information for your deposit: (please use a separate sheet for any additional checks)

CASH	QUANTITY	TOTAL			CHECK NUMBER	CHECK AMOUNT
\$100.00		\$				
\$50.00		\$				
\$20.00		\$				
\$10.00		\$				
\$5.00		\$				
\$1.00		\$				
\$0.25		\$				
\$0.10		\$				
\$0.05		\$				
\$0.01		\$				
	TOTAL	\$			TOTAL	\$

Total Deposit Amount: \$ _____

Treasurer Signature: _____ Date Rcvd: _____ Deposit Date: _____