



Kensington Elementary PTO Deposit Form

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	CHECK #	CHECK AMT
\$ 50.00		\$		\$
\$ 20.00		\$		\$
\$ 10.00		\$		\$
\$ 5.00		\$		\$
\$ 1.00		\$		\$
\$ 0.25		\$		\$
\$ 0.10		\$		\$
\$ 0.05		\$		\$
\$ 0.01		\$		\$
Total Cash		\$	Total Checks	\$

Printed name and signature of 1st individual to count and verify deposit:	Date:
Printed name and signature of 2nd individual to count and verify deposit:	Date:
Accepted by (PTO Treasurer or President)	Date:

FOR TREASURER'S USE ONLY

Category: _____

Check #: _____

Transaction Date: _____

Logged Date: _____