

PHS Band Booster Deposit Voucher

Event: _____

Date: _____

Was Sales Tax Collected? _____

Person completing form: _____

Phone: _____

Person depositing: _____

Account to credit: _____ \$ _____

Account to credit: _____ \$ _____

Account to credit: _____ \$ _____

Account to credit: _____ \$ _____

Deposit Details

Bills	#	Amount
\$100		
\$50		
\$20		
\$10		
\$5		
\$2		
\$1		

Coins	#	Amount
Dollar		
50 cent		
Quarters		
Dimes		
Nickels		
Pennies		

Total Bills: \$ _____

Total Coins: \$ _____

NOTES:

Total Cash: \$ _____

Total of checks: \$ _____
(list checks on reverse)

Total Deposit: \$

Counter's signature _____

Date: _____

Counter's signature _____

Date: _____

Received by Treasurer _____

Date: _____