



Laurel School PTO

Deposit Form

Complete this form for deposits or attach a spreadsheet itemizing checks and cash. If you have any questions, please contact the Financial Secretary at financialsecretary@laurelpto.org

Date: _____ Committee: _____

Activity/Event: _____

Your Name: _____

Phone: _____ Email: _____

Cash	Checks																														
\$100 x _____ = \$ _____	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%; text-align: center; padding: 5px;">Check No.</th> <th style="width: 50%; text-align: center; padding: 5px;">Amount</th> </tr> </thead> <tbody> <tr><td style="height: 20px;"></td><td style="text-align: center;">\$</td></tr> <tr><td style="height: 20px;"></td><td style="text-align: center;">\$</td></tr> <tr><td style="height: 20px;"></td><td style="text-align: center;">\$</td></tr> <tr><td style="height: 20px;"></td><td style="text-align: center;">\$</td></tr> <tr><td style="height: 20px;"></td><td style="text-align: center;">\$</td></tr> <tr><td style="height: 20px;"></td><td style="text-align: center;">\$</td></tr> <tr><td style="height: 20px;"></td><td style="text-align: center;">\$</td></tr> <tr><td style="height: 20px;"></td><td style="text-align: center;">\$</td></tr> <tr><td style="height: 20px;"></td><td style="text-align: center;">\$</td></tr> <tr><td style="height: 20px;"></td><td style="text-align: center;">\$</td></tr> <tr><td style="height: 20px;"></td><td style="text-align: center;">\$</td></tr> <tr><td style="height: 20px;"></td><td style="text-align: center;">\$</td></tr> <tr><td style="height: 20px;"></td><td style="text-align: center;">\$</td></tr> <tr><td style="height: 20px;"></td><td style="text-align: center;">\$</td></tr> </tbody> </table>	Check No.	Amount		\$		\$		\$		\$		\$		\$		\$		\$		\$		\$		\$		\$		\$		\$
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Total Cash \$ _____	Total Number of Checks: _____																														
All cash deposits over \$100 must be counted and verified by two committee members.	Total Amount of Checks: \$ _____																														

Committee Member verification _____ Date: _____

2nd Committee Member verification (if applicable) _____ Date: _____

For Board Use Only

Approved by PTO Officer: _____ Date: _____

Account: _____ Deposit Date: _____