

Deposit Notice

Angier Elementary School PTO | 1697 Beacon Street, Waban, MA 02468 | (617) 559-9300

YOUR NAME:	PHONE:
DATE SUBMITTED:	EMAIL:
DETAILED DESCRIPTION OF FUND SOURCE: (e.g. payments for ice cream)	
TOTAL AMOUNT: \$	

Complete the following information for your deposit:

CASH	QUANTITY	TOTAL
\$20.00		\$
\$10.00		\$
\$5.00		\$
\$1.00		\$
\$0.25		\$
\$0.10		\$
\$0.05		\$
\$0.01		\$
TOTAL CASH		\$

CHECK NUMBER	CHECK AMOUNT	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
TOTAL CHECKS		\$

Use reverse side if more checks.

ACCEPTED BY (PTO TREASURER):	DATE:
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Attach deposit receipt on other side or to this form.

For Treasurer's Use Only:

Category: _____ Transaction ID: _____ Deposit Date: _____ Logged: _____

