Carl Sandburg PTSA – Deposit Voucher

$$

Date: _______________ Committee: ____

Event / Activity: ____

Coin: $_________________

Cash: $_________________

Check: $_________________

Total Amount: $_________________

Counted by (2 Signatures): ____

Received by (Treasurer or other Officer):____

Dated Deposited: ___________ Deposit Slip #: __________ Reconciled: ___________