

ST. THOMAS AQUINAS HOME SCHOOL ASSOCIATION DEPOSIT FORM

Instructions: Please use a separate form for each type of deposit. The Chairperson must recount the money and sign below. Once complete, please give the form, check(s) and cash to the Treasurers.

Deposit Date: _____

Event: _____ Event Date: _____

Chairperson(s): _____

Details: _____

CHECK (S)

	Family Name	Check #	Amount
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
21			
22			
23			
24			
25			
	Total Checks		\$

CASH

Coin:		Totals:
Quarters:		\$
Dimes:		\$
Nickels:		\$
Pennies		\$
	Coin Total:	\$
Bills:		Totals:
\$1		\$
\$5		\$
\$10		\$
\$20		\$
\$50		\$
\$100		\$
	Bill Total:	\$
Total Cash:		\$

Total Deposit: _____

Submitted by: _____

Signed by: _____

Checked by: _____

Signed by: _____