



Deposit Slip

Your Name: _____ Telephone#: _____

Date submitted: _____

Project: _____

Total Amount \$: _____

Specific Description of Source (ex: payments for ice cream)

Complete the following information for your deposit

Cash	
\$20 x _____	X= _____
\$10 x _____	X= _____
\$ 5 x _____	X= _____
\$ 1 x _____	X= _____
.25 x _____	X= _____
.10 x _____	X= _____
.05 x _____	X= _____
.01 x _____	X= _____
Total Cash \$ _____	

Checks
<p style="text-align: right;">Number of Checks _____</p> <p style="text-align: right;">Total Checks \$ _____</p>

For Office use only

Fund	Function	General object	Grade	Campus	Fiscal Year	Program Intent	Local	Activity

Posted in MIP Date: _____ by: _____