

SBCE PTA Income Remittance (for deposits)



This form **MUST** accompany all monies given to the treasurer

Name: _____ Phone: _____ Date: _____

Detail: \$1's _____ Total Coin * \$ _____
 \$5's _____ Total Currency * \$ _____
 \$10's _____ Total Checks \$ _____
 \$20's _____ Total Deposit \$ _____
 Total Currency _____

*When submitting currency or coins please complete and attach the Cash Worksheet.

	Check #	Last Name	Amount	Budget Area
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				

	Check #	Last Name	Amount	Budget Area
21				
22				
23				
24				
25				
26				
27				
28				
29				
30				
31				
32				
33				
34				
35				
36				
37				
38				
39				
40				
	Checks total			

Total number of checks _____

Budget areas or description _____

Verified by: _____ Verified by: _____
(Two signatures required)

***** For Treasurer's Use *****

Date of deposit _____

Deposit # _____

Total Deposit _____

Verified _____