Cordill-Mason Elementary PTA
Deposit Voucher

Date: _____

Budget Category: _____

Counted by: _____ _____
(Print name) (*signature of chairperson of committee)

Phone Number: _____ Email: _____

Counted by: _____ _____
(Print name) (*signature)

Phone Number: _____ Email: _____

*Must have two signatures for deposit.

Please do not leave money in the Treasurer's mailbox – Place all funds in the locked box that is affixed to the PTA mail slots *or* contact Amanda Ramirez, asirna6185@gmail.com , 816-490-1716 to arrange transfer of funds for deposit. *Thank you.*

Currency Count:

$ Amount in coins _____
_____ X 1's = _____
_____ X 2's = _____
_____ X 5's = _____
_____ X 10's = _____
_____ X 20's = _____
_____ X 50's = _____
_____ X 100's = _____

TOTAL CASH: _____

Checks:

Number of Checks: _____
(List check numbers, names and amounts on check ledger)

TOTAL CHECKS: _____

TOTAL DEPOSIT: _____
(INCLUDING CASH AND CHECKS)

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