

SHEPARD PTA DEPOSIT FORM

Date: _____

Budget/Chair Category _____

Signature _____

Total Checks _____

Total Cash _____

Total Credit Cards _____

Total Deposit _____

Currency		
\$100's	\$	_____
\$ 50's	\$	_____
\$ 20's	\$	_____
\$ 10's	\$	_____
\$ 5's	\$	_____
\$ 1's	\$	_____
Coin		
\$1.00	\$	_____
.25	\$	_____
.10	\$	_____
.05	\$	_____
.01	\$	_____

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Treasurer Use Only

Deposit Date _____ Deposit Amount _____ QS _____

SHEPARD PTA CHECK REQUEST

Date _____ Date Check Needed: _____

Pay to the order of: _____

Amount: _____ Budget/Chair Category: _____

Amount: _____ Budget/Chair Category: _____

Amount: _____ Budget/Chair Category: _____

Check delivery: _____ PTA/Staff Box _____ Next PTA meeting _____ SASE Provided

Check requestor (if different than pay to): _____

Comments: _____

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Treasurer Use Only

Date _____ Check # _____ Check Amount _____ Split QS _____