POTTERVILLE PUBLIC SCHOOLS

CASH RECEIPTS DEPOSIT SLIP

Date _____ Person submitting this form _____

Account Name _____ Account Number _____

Source of Revenue _____

CASH RECEIVED

CASH		COIN	
Hundred	_____	Dollar	_____
Fifty	_____	Fifty	_____
Twenty	_____	Quarter	_____
Ten	_____	Dime	_____
Five	_____	Nickel	_____
Two	_____	Penny	_____
One	_____	Total Coins	_____
Total Cash	_____		

TOTAL CHECKS _____

TOTAL CASH _____ GRAND TOTAL _____

TOTAL COIN _____