

# Rosa International PTA Deposit Request

Your Name: \_\_\_\_\_ Date: \_\_\_\_\_

Your Phone Number: Home: \_\_\_\_\_ Work (if needed) \_\_\_\_\_

Committee Name: \_\_\_\_\_ Event: \_\_\_\_\_

Counted by (print name & sign)

1. \_\_\_\_\_

2. \_\_\_\_\_

Denomination	/	\$ Amount	Denomination	/	\$ Amount
# of Checks:	/		\$1 (coin):	/	
\$100:	/		Half Dollar:	/	
\$50:	/		Quarters:	/	
\$20:	/		Dimes:	/	
\$10:	/		Nickels:	/	
\$5:	/		Pennies:	/	
\$1 (paper):	/		Other:	/	
Total amount of bills:			Total amount of coins:		

**Total Deposit Amount: \$** \_\_\_\_\_

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*FOR PTA TREASURER'S USE ONLY:*

Treasurer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Depositor: \_\_\_\_\_ Deposit Date: \_\_\_\_\_

Budget Line Item \_\_\_\_\_