

H.C. JOHNSON ELEMENTARY SCHOOL



Fundraising Deposit Report

Please use this form as a record when submitting funds to the Treasurer.

Date: _____ Event/Fundraiser: _____

Chairperson: _____ Phone #: _____

Funds Collected

Pennies \$ _____ \$1.00 \$ _____

Nickels \$ _____ \$5.00 \$ _____

Dimes \$ _____ \$10.00 \$ _____

Quarters \$ _____ \$20.00 \$ _____

Other Coin \$ _____ Other Bill \$ _____

Coin Total \$ _____ Bill Total \$ _____

Total Cash \$ _____

Number of Checks _____

Total of checks \$ _____

Total Amount of deposit \$ _____

Signature _____

For treasurer use:

Amount of deposit \$ _____

Discrepancy (if any) \$ _____

Date of deposit _____

Fund Chair notified of discrepancy Y/N

Additional Notes:

ALL CHECKS MUST BE SUBMITTED BY THE LAST DAY OF SCHOOL