

DEPOSIT FORM

St. Michael

NAME OF ORGANIZATION: St. Michael School

CASH ACCOUNT #: _____

DATE OF DEPOSIT: _____

Currency: \$ _____

Coin: \$ _____

Checks: \$ _____

TOTAL DEPOSIT: \$

***** SUMMARY *****

Source of Deposit	Charge to Account No.	Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
Total Deposit:		\$ _____

Prepared by: _____

For Office Use Only:
Date Recorded:
Cash Acct#:
Initial: