



Red Bluff High School Deposit Slip Form

Name of Account _____

Account # _____

Source of Income: _____

Activity Receipt Ending # _____ Beginning # _____

Total amount of all activity receipts _____

<u>Currency</u>	<u>No. of Bills or Coin</u>	<u>Amount</u>
\$100.00	_____	_____
\$ 50.00	_____	_____
\$ 20.00	_____	_____
\$ 10.00	_____	_____
\$ 5.00	_____	_____
\$ 1.00	_____	_____
.50	_____	_____
.25	_____	_____
.10	_____	_____
.05	_____	_____
.01	_____	_____

Subtotal _____

Checks	<u>No. of Checks</u>	<u>Amount</u>
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Please list checks on back _____
w/check #, Last Name, \$\$

Sub Total _____

Less: Starting Amount in Cash Box (_____)

Total Amount to be Deposited _____

Signature of Treasurer: _____

Signature of Advisor: _____

Date: _____ Verified by Bookkeeper _____