

For Office Use Only
Amount: \$ _____
Date Received: _____
Date Entered: _____

**Deposit Transmittal
Memorial Middle School PTA**

Date: _____

ENCLOSED PLEASE FIND:

\$ _____ In Cash Counted By _____ and

(Two names are required if over \$250)

\$ _____ In Checks

Number of checks = _____
(If number of checks is 6 or more, attach detailed written record per "Guidelines from the Treasurer")

\$ _____ Total Deposit

PLEASE CREDIT THIS DEPOSIT TO THE FOLLOWING BUDGET/ACCOUNT:

(Be specific – i.e. membership, school supplies, directory, etc.)

YOUR NAME: _____

PHONE NUMBER: _____ Email Address: _____

Please Put Deposit in a Sealed Envelope

(Cut here and retain for your records)

Date: _____

Name: _____

Account/Budget: _____

\$ _____ (Cash) + \$ _____ (Checks) = \$ _____ (Total)