

Pearl River School District Deposit Form

School/Location Name: _____
Name of Depositor: _____
Email Address: _____
Received by: Mail ☐ By Hand: _____ Inter Off. ☐
Purpose of Deposit: _____
Date of Deposit: _____

Cash

Bills	Total #	Total Amount
\$100 Bills x	_____	= _____
\$50 Bills x	_____	= _____
\$20 Bills x	_____	= _____
\$10 Bills x	_____	= _____
\$5 Bills x	_____	= _____
\$1 Bills x	_____	= _____
		Total All Bills _____

Coins

Coins _____
(all coins must be wrapped) Total All Coins _____

TOTAL ALL CASH

Checks

Total # _____	@ _____	= _____
Total # _____	@ _____	= _____
Total # _____	@ _____	= _____
Total # _____	@ _____	= _____
Total # _____	@ _____	= _____
Total # _____	@ _____	= _____

TOTAL ALL CHECKS

TOTAL DEPOSIT

Cash Account Name and #: _____

G/L Account #: _____ Amount: _____

G/L Account #: _____ Amount: _____

G/L Account #: _____ Amount: _____

G/L Account #: _____ Amount: _____

G/L Account #: _____ Amount: _____

G/L Account #: _____ Amount: _____

G/L Account #: _____ Amount: _____

Total: _____

Deposit Verified by Business Office _____ Date _____

Please mark 'HAND DELIVERY' on all deposits sent to the Business Office.

Any question on deposits, please call Daniela in the Business Office at 620-3833.