

**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**

<b>Bills</b>	<b>Total #</b>	<b>Total Amount</b>
\$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 Maria in the Business Office at 620-3833.