



Cash Box Refund
DEPOSIT SLIP

COMMITTEE: _____ DATE: _____

EVENT: _____

Cash Detail

	Total CASH:	\$ _____
\$1 x _____ = \$ _____	COINS:	\$ _____
\$5 x _____ = \$ _____	CHECKS:	\$ _____
\$10 x _____ = \$ _____	# of Checks: (_____)	
\$20 x _____ = \$ _____	TOTAL DEPOSIT:	\$ _____
\$ _____ x _____ = \$ _____		

CHAIRPERSON APPROVAL: _____

PLEASE READ INSTRUCTIONS!

At the end of your event, please count the # of each denomination, total each denomination and then total all cash. Coins do not need to be counted unless you prefer. The bank has a coin counter. Please note the number of checks and the total amount of the checks. Then, total the entire deposit. If there is a discrepancy, you will be contacted. Please make sure the Chairperson has signed the deposit. The deposit can be put in the safe located in the office or dropped off at my house. Please make arrangements if you intend to drop the money at my house. Deposits need to be completed within a week of the event. Please call or email me with any questions!!

Thank you,

Jen Collins
mjc101098@aol.com

<u>For HSA Purposes Only</u>
Date Received :
Date Deposited.: