



SCHOOL STORE
DEPOSIT SLIP

DATE: _____

PREPARED BY: _____
(Printed Name) (Signature)

VERIFIED BY: _____
(Printed Name) (Signature)

Cash Detail

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

PLEASE READ INSTRUCTIONS!

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. 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.

Thank you,

Jen Collins
mjc101098@aol.com

For HSA Purposes Only

Date Received: _____

Date Deposited: _____