

Deposit Notice

Franklin High School PTSO



YOUR NAME:		PHONE:	
PROJECT/DESCRIPTION:			
DATE SUBMITTED:		TOTAL AMOUNT:	
		\$	

Complete the following information for your deposit:

CASH	QUANTITY	TOTAL	CHECK #	NAME ON CHECK	AMOUNT
\$20.00		\$			
\$10.00		\$			
\$5.00		\$			
\$1.00		\$			
\$0.25		\$			
\$0.10		\$			
\$0.05		\$			
\$0.01		\$			
TOTAL CASH: \$			TOTAL CHECKS: \$		

ACCEPTED BY (PTO TREASURER):	DATE: