Deposit Notice

Franklin High School PTSO



YOUR NAME:			P	PHONE:		
PROJECT/DE	SCRIPTION:					
DATE SUBMITTED:			TOTAL AMOUNT:	TOTAL AMOUNT:		
			\$			
Complete the	e following informa	tion for your depos	sit:			
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	t):		DATE:		
For Treasurer's	Use Only: Deposit D	 Date	Category	 Log	ged	