

Leland High School ~ Associated Student Body
DEPOSIT SLIP

Please complete and turn in with each deposit
Please attach all supporting documentation ~ ie..fundraising forms, receipts

Today's Date _____

Account Name _____ Account Number _____

Submitted by _____ Phone Number _____

Deposit is for: _____

Denominations	Number of Bills	Total Amount Collected
Pennies .01		
Nickels .05		
Dimes .10		
Quarters .25		
Half dollars .50		
Dollar coins \$1.00		
One Dollar bills \$1.00		
Five dollar bills \$5.00		
Ten dollar bills \$10.00		
Twenty dollar bills \$20.00		
Fifty dollar bills \$50.00		
Hundred dollar bills \$100.00		
Total Amount of all cash		\$
Total Amount of all checks		\$
GRAND TOTAL		\$

Please print name/sign and date:

Report prepared by: _____

Signature of person counting the cash _____

Signature of person counting the cash _____

Verified By ASB Bookkeeper _____