

Lakota Wings Treasurer Deposit Form

Signature of Person Submitting _____

Date Submitted _____ Phone # _____

Activity Item _____

Signature of Person Double-Counting _____

Total Cash \$ _____

Total Checks \$ _____

Total Deposit \$ _____ Date of Deposit _____

Cash Calculation

(complete only if needed by counters)

| | Number each | | | | Totals |
|------------|-------------|---|-------|---|--------|
| Ones | | X | \$ 1 | = | \$ |
| Fives | | X | \$ 5 | = | \$ |
| Tens | | X | \$ 10 | = | \$ |
| Twenties | | X | \$ 20 | = | \$ |
| Other | | X | \$ | = | \$ |
| Change | | X | \$ | | \$ |
| Total Cash | | | | | \$ |

Record-keeping of Checks

The person responsible for the deposit must use a method of record-keeping that provides for an accurate documentation of amounts received. *Suggestions* include:

- ✓ Xeroxing the checks (not recommended with more than 10 checks)
- OR
- ✓ Recording the checks (and cash, if necessary for your purpose) by name and amount. A form is included on the back of this page, if needed.

Attach Deposit Slip Here

* ALL DEPOSITS ARE TO BE MADE BY THE TREASURER. THANKS!

