MOHEGAN SCHOOL PTO

Deposit Notice

Your Name:	Phone:
Date Submitted:	
Project/Event:	
Total Deposit Amount:	<u>\$</u>
Specific Description of S	ource: (ex: payments for ice cream)
Complete the following	nformation for your deposit.
Cash	Checks (please stamp all checks)
Total cash: \$	Number of checks:
	Total of checks: \$
Amount Verification Signatu	
Amount Verification Signatu	2
[deposits in excess of	\$500 need 2 people to verify the amount to be deposited]
Once this form is comp	ete, email to Jen Sylvia at <u>jennifersylviacpa@gmail.com</u>
d place deposits in safe i	main office. Call Jen Sylvia with questions at (603) 454-830
	For Treasurer's Use Only
Transaction ID:	Deposit Date: Deposit Slip Rcvd?
Deposit Recorded:	
Deposit Recorded.	