

UNIVERSITY HIGH SCHOOL ASB
BANK DEPOSIT SLIP

*THIS SLIP MUST ACCOMPANY ALL MONIES TURNED INTO
THE ACTIVITES DIRECTOR*

CLUB/ORGANIZATION NAME: _____

ACTIVITY/FUNDRAISER: _____

DATE SUBMITTED TO ACTIVITED DIRECTOR: _____

CHECKS - COPIES MUST BE MADE OF ALL CHECKS

NUMBER OF CHECKS: _____ TOTAL OF ALL CHECKS: \$ _____

DENOMINATIONS: ALL COIN MUST BE ROLLED

_____ X \$100 = \$ _____
_____ X \$50 = \$ _____
_____ X \$20 = \$ _____
_____ X \$10 = \$ _____
_____ X \$5 = \$ _____
_____ X \$1 = \$ _____
of Rolls _____ X \$10 (Quarters) = \$ _____
of Rolls _____ X \$5 (Dimes) = \$ _____
of Rolls _____ X \$2 (Nickels) = \$ _____
of Rolls _____ X \$.50 (Pennies) = \$ _____

Total Amount of Checks: \$ _____
Total Amount of Cash: \$ _____
Total Amount of Coin: \$ _____
Total Deposit: \$ _____

CLUB SIGNATURES
Advisor Signature: _____
Representative Signature: _____

FINANCE DIRECTOR
Finance Director Signature: _____

BANK INFORMATION
DATE DEPOSITED: _____
BANK RECEIPT #: _____