

**BROOKS ELEMENTARY PTA
DEPOSIT REQUEST**

Name: _____ Phone: _____

Email: _____ Date Submitted: _____

Deposit For Program: _____
(Budget Category)

Complete the following information for your deposit:

<i>CASH</i>			<i>CHECK</i>		
			<i>Check #</i>	<i>Name:</i>	<i>Amount:</i>
<i>\$20.00 x</i>	=	\$0.00			
<i>\$10.00 x</i>	=	\$0.00			
<i>\$5.00 x</i>	=	\$0.00			
<i>\$1.00 x</i>	=	\$0.00			
<i>\$0.25 x</i>	=	\$0.00			
<i>\$0.10 x</i>	=	\$0.00			
<i>\$0.05 x</i>	=	\$0.00			
<i>\$0.01 x</i>	=	\$0.00			
Total Cash		\$0.00		Total Checks	
TOTAL DEPOSIT AMOUNT					\$0.00

Certification: The cash listed above was received and counted by (You must have 2 counters):

Signature _____ **Date** _____

Signature _____ **Date** _____

*Please attach all cash in a sealed envelope to this form

*Please return to Brooks PTA Box, Attn: PTA Treasurer or via email to Treasurer@brookspta.org

*Mailing Address: Brooks PTA, 600 Russell Rd, Alexandria, VA 22301

(FOR TREASURER'S USE ONLY)

Accepted by (PTA Treasurer) _____ Date _____

Event ID:

Deposit Date:

Transaction Number: