



## Deposit Summary

### Page 1 of 2

Event Name/Reason for Deposit: \_\_\_\_\_

Date: \_\_\_\_\_

**BILLS: \*\*\* (please make sure all bills are in the same direction and clipped neatly by denomination.)\*\*\* (SEE attached form)**

# of \$ 100's \_\_\_\_\_ = \$ \_\_\_\_\_

# of \$ 50's \_\_\_\_\_ = \$ \_\_\_\_\_

# of \$ 20's \_\_\_\_\_ = \$ \_\_\_\_\_

# of \$ 10's \_\_\_\_\_ = \$ \_\_\_\_\_

# of \$ 5's \_\_\_\_\_ = \$ \_\_\_\_\_

# of \$ 1's \_\_\_\_\_ = \$ \_\_\_\_\_

**CHECKS: \*\*\* (Please list Check #, Name & Amount of each check on separate sheet and attach to this summary)\*\*\* (SEE attached form)**

# of checks \_\_\_\_\_ = \$ \_\_\_\_\_

# *Deposit Summary*

## *Page 2 of 2*

**Total Cash in Deposit:** \$ \_\_\_\_\_

**Total Checks in Deposit:** \$ \_\_\_\_\_

**GRAND TOTAL OF Deposit:** \$ \_\_\_\_\_

*Submitted by:* \_\_\_\_\_

*Telephone # and/or Email:* \_\_\_\_\_

*Date:* \_\_\_\_\_

## List of CHECKS Deposit Form

Event/Date: \_\_\_\_\_

Submitted by: \_\_\_\_\_

[illegible]

**TOTAL # of Checks:** \_\_\_\_\_ **Total \$ Amount of Checks:** \$ \_\_\_\_\_

\*\*\* Laning Avenue SCA \*\*\* 18 Lanning Road \*\*\* Verona, NJ 07044 \*\*\*

## List of CASH Deposit Form

Event/Date: \_\_\_\_\_

Submitted by: \_\_\_\_\_

[illegible]

**Total Amount of Cash: \$ \_\_\_\_\_**