

Alberta Smith Elementary School PTA

Deposit Reconciliation

Date: _____

Name: _____

PTA Committee: _____

Phone Number: _____

Email: _____

Budget Category (e.g. Holiday House): _____

Please Note:

Please remove all staples.

A list of checks (name on check, check number, amount) is required, along with the total. This can be a spreadsheet, or can be totaled twice.

*Currency: _____

*Coin: _____

*Checks: _____

*Total for Deposit: _____

*Counted by: _____ Signed: _____ Date: _____

*Counted by: _____ Signed: _____ Date: _____

FOR TREASURER USE ONLY

Recounted by: ___ Date: _____

Date Deposited: ___ Amount: ___

Deposit Split:

line item: ___ amount: _____

___ line item: ___ amount: _____

___ line item: ___ amount: _____

___ line item: ___ amount: _____

___ line item: ___ amount: _____

Deposited by: _____

(signature)

*Attach deposit receipt to this form.