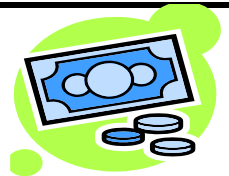


**SOUTH SHORE REGIONAL SCHOOL BOARD
DEPOSIT FORM**



Name of School: _____
 Deposit Received From: _____
 Date Submitted to Office: _____
 Category (Account): _____
 Committee/Class: _____
 Fundraising Event: _____

**must be completed*

**if applicable*

**if applicable*

CASH & COINS:

Quantity			Amount
_____	X	0.01	_____
_____	X	0.05	_____
_____	X	0.10	_____
_____	X	0.25	_____
_____	X	1.00	_____
_____	X	2.00	_____
_____	X	5.00	_____
_____	X	10.00	_____
_____	X	20.00	_____
_____	X	50.00	_____
_____	X	100.00	_____

TOTAL CASH

CHEQUES:

NAME	Amount
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

TOTAL CHEQUES

TOTAL DEPOSIT

=====

Submitted & Checked By: _____ Date: _____
 (Staff Member)
 Received & Checked By: _____ Date: _____
 (Office Staff)
 Approved by: _____ Date: _____
 (Principal)
 Deposited By: _____ Deposit Date: _____
 Receipt(s) Issued # _____ Comments: _____

