CROFT COMMUNITY SCHOOL PTA

Deposit Voucher

Depositor Name:	**Deposit Date:**
Bill Total:	Coin Total:
CURRENCY TOTAL:	
Total Number of Checks:	Check Total:
DEPOSIT TOTAL:	
Counter / Verifier #1 (signature required):	Counter / Verifier #2 (signature required):

BUDGET LINE ITEM	**TOTAL DEPOSIT**
DEPOSIT TOTAL (Should match Deposit Total Above):	