

**SAN MARINO HIGH SCHOOL PTSA
CASH/CHECK VERIFICATION FORM FOR DEPOSITS**

DATE: _____

NAME: _____

EMAIL: _____ TELEPHONE: _____

PTSA POSITION: _____

INCOME CATEGORY: _____

COINS

_____ x 1¢ = _____

_____ x 5¢ = _____

_____ x 10¢ = _____

_____ x 25¢ = _____

_____ x 50¢ = _____

_____ x \$1 = _____

TOTAL COIN = \$ _____

CHECKS

** Attach with paper clip an adding machine tape tally of itemized check amounts and total.

** Attach with paper clip a spreadsheet showing itemized check numbers, amounts, and total

** Provide breakdown by income category if more than one

TOTAL CHECKS = \$ _____

CURRENCY

_____ x \$1 = _____

_____ x \$5 = _____

_____ x \$10 = _____

_____ x \$20 = _____

_____ x \$50 = _____

_____ x \$100 = _____

TOTAL CURRENCY = \$ _____

SIGNATURES

Submitter _____

Verifier _____

Verifier _____

GRAND TOTAL = \$ _____

Treasurer Signature _____ Amt Rec'd \$ _____ Date _____