

FFO DEPOSIT FORM

Jerabek Elementary FFO

Please fill out all three parts with same information.

Date: _____ Event/Project: _____

Contact Name: _____ E-mail: _____

Two FFO Member signatures required to
Verify amount and certify control of deposit.

- _____
- _____

Please sign and print names and include a contact phone number.

Cash	# of bills	\$ Amount
\$1's		
\$5's		
\$10's		
\$20's		
\$50's		
Other		
		Cash Subtotal
Checks	# of checks	\$ Amount
		Checks Subtotal
Coin	See*	

Bundle \$1's in stacks of 25
Bundle \$5's in stacks of 20
Bundle \$10's in stacks of 25
Bundle \$20's in stacks of 25

CHECKS TOTAL: \$ _____

CASH (Notes) TOTAL: \$ _____

CASH (Coins) TOTAL: \$ _____

* Please roll coins or put through Coin Star at Von's (new)

Grand Total For Deposit \$ _____

Part 1 Include with deposit – label envelope 'FFO Deposits Treasurer' and name of event. Place in the safe in the school office.

Date: _____ Event/Project: _____

Two FFO Member signatures required to
Verify amount and certify control of deposit.

- _____
- _____

Please sign and print names and include a contact phone

Part 2:

Put in Reimbursement Treasurer's File

CHECKS TOTAL: \$ _____

CASH (Notes) TOTAL: \$ _____

CASH (Coins) TOTAL: \$ _____

Grand Total For Deposit \$ _____

Date: _____ Event/Project: _____

Two FFO Member signatures required to
Verify amount and certify control of deposit.

- _____
- _____

Part 3:

Keep for your records.

CHECKS TOTAL: \$ _____

CASH (Notes) TOTAL: \$ _____

CASH (Coins) TOTAL: \$ _____

Grand Total For Deposit \$ _____