

Deposit Form

Madison School Activity Fund

DATE _____

NAME OF ACCOUNT _____

ACTIVITY/MEMO _____

PLEASE SPECIFY WHAT RECEIPTS COVER

CASH _____

COIN _____

ROLLED COIN _____

CHECKS _____

TOTAL _____

SIGNED _____

NAME OF PERSON VERIFYING

SIGNED _____

NAME OF PERSON VERIFYING

RECEIVED IN THE OFFICE BY: _____

DATE VERIFIED: _____ AMOUNT: _____