

DEPOSIT RECEIPT/DEPOSIT SPLIT

Marvin Ridge Middle School PTSO

Your Name: _____ Phone: _____

Date Submitted: _____ Total Deposit Amount \$ _____

| Project or Category | Cash Amount | + | Check Amount | = | Total |
|---------------------|----------------|---|-----------------|---|-------|
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| Total= | \$ | | \$ | | \$ |
| | | | | | |

Any Notes: _____

Accepted by (PTSO Officer) _____ Date: _____

For Treasurer's Use Only

Transaction ID _____ Deposit Date _____ Logged _____