



COATESVILLE AREA SCHOOL DISTRICT

3030 C.G. Zinn Road, Thorndale, PA 19372

Phone: (610) 466-2400

Building: _____ **Date of Event:** _____

Event/Purpose & Date for Deposit: _____

Amount of 100s: _____

Amount of 50s: _____

Amount of 20s: _____

Amount of 10s: _____

Amount of 5s: _____

Amount of 1s: _____

Total Bills: _____

Amount of Half Dollars: _____

Amount of Quarters: _____

Amount of Dimes: _____

Amount of Nickels: _____

Amount of Pennies: _____

Total Coins: _____

Total Cash Deposit: \$ _____

Please make copies of each check and attach them to this form.

Total Number of Checks: _____

Total Check Deposit: \$ _____

Total Check & Cash Deposit: \$ _____

Before a deposit is made, it must be counted by 2 people and both parties must sign and date this form. Please forward the deposit to Stefanie Christy, Business Office.

First Counter Name: _____ **Date:** _____ **Time:** _____

Signature: _____

Second Counter Name: _____ **Date:** _____ **Time:** _____

Signature: _____

Date Submitted: _____

Please deposit the funds to account number: _____

Stefanie Christy – Date Received: _____ **Amount Received:** \$ _____.

Deposit Date: _____ **Deposited by:** _____