

**CHAGRIN FALLS PTO
DEPOSIT FORM
2018-2019**

Total Deposit Amount _____ Contact PTO Treasurer to make arrangements
 Date submitted _____ Mia Benschath
 Your name _____ 6435 Chagrin River Road
 Name of school _____ Chagrin Falls, Oh 44022
 Source of funds _____ Phone (440) 318-1867
 _____ **Miacran1@yahoo.com**
 _____ For Treasurer's use
 _____ Date deposited: _____

DETAIL OF DEPOSIT: Include deposit form with money bundled by denomination.

Total checks \$ _____

Cash

	<u>Type</u>	<u># Counted</u>	x	<u>Unit Value</u>	=	<u>Subtotal</u>
Bills: Ones	_____	x	1.00	=	\$ _____	
Fives	_____	x	5.00	=	\$ _____	
Tens	_____	x	10.00	=	\$ _____	
Twenties	_____	x	20.00	=	\$ _____	
Fifties	_____	x	50.00	=	\$ _____	
Other	_____	x	_____	=	\$ _____	

Total Bills..... \$ _____

Coins: Pennies	_____	x	.01	=	\$ _____
Nickels	_____	x	.05	=	\$ _____
Dimes	_____	x	.10	=	\$ _____
Quarters	_____	x	.25	=	\$ _____
Others	_____	x	_____	=	\$ _____

Total Coins: \$ _____

TOTAL DEPOSIT \$ _____