



Date: _____ **Reason for Deposit:** _____

Cash	Count of bills	Total	Check #	Amount	Check #	Amount
\$100.00 x	_____ =	_____	_____	_____	_____	_____
\$50.00 x	_____ =	_____	_____	_____	_____	_____
\$20.00 x	_____ =	_____	_____	_____	_____	_____
\$10.00 x	_____ =	_____	_____	_____	_____	_____
\$5.00 x	_____ =	_____	_____	_____	_____	_____
\$2.00 x	_____ =	_____	_____	_____	_____	_____
\$1.00 x	_____ =	_____	_____	_____	_____	_____

Coin	Count of coins	Total	Check #	Amount	Check #	Amount
\$1.00 x	_____ =	_____	_____	_____	_____	_____
\$0.25 x	_____ =	_____	_____	_____	_____	_____
\$0.10 x	_____ =	_____	_____	_____	_____	_____
\$0.05 x	_____ =	_____	_____	_____	_____	_____
\$0.01 x	_____ =	_____	_____	_____	_____	_____

Total Cash & Coin = _____ **Total Checks** _____

Total Deposit
Deposit Date

Verified by	Role	Name	Signature
Signer #1	_____	_____	_____
Signer #2	_____	_____	_____

**All deposits should be verified by 2 people, preferably unrelated.