

SAUGUS HIGH SCHOOL DEPOSIT FORM

SAUGUS HIGH SCHOOL A.S.B. DEPOSIT FORM 21900 CENTURION WAY, SAUGUS, CALIF. 91350 661/297/3900

*ALL DEPOSITS FROM ALL ACTIVITIES MUST BE MADE AFTER THE EVENT. NO MONEY IS TO BE KEPT AND HELD TO DEPOSIT AT A LATER DATE. THIS FORM MUST BE COMPLETED AND ATTACHED WITH ANY FUNDS BEING DEPOSITED AT THE ASB OFFICE

DATE: _____ TIME STAMP: _____

PLEASE PRINT CLEARLY.

- 1. NAME OF CLASS/CLUB _____ ACCT # _____
2. NAME OF APPROVED FUNDRAISER _____
3. DATE OF APPROVED FUNDRAISER _____
4. WAS THIS A DONATION TO YOUR CLUB OR CLASS? YES NO
5. ADVISOR OF CLUB/CLASS _____

6. PAPER MONEY

@100= _____
@50= _____
@20= _____
@10= _____
@5= _____
@2= _____
@1= _____

7. COINS

\$1 @ _____ = _____
.50 @ _____ = _____
.25 @ _____ = _____
.10 @ _____ = _____
.05 @ _____ = _____
.01 @ _____ = _____

TOTAL COIN AMOUNT \$ _____

8. CHECKS:

Table with 3 columns: CHECK #, NAME ON CHECK, AMOUNT OF CHECK. Rows A, B, C, D.

9. TOTALS

PAPER CASH TOTAL _____
COIN TOTAL _____
CHECK TOTAL _____
TOTAL DEPOSIT _____

10. APPROVAL

ASB OFFICE _____
ADVISOR _____

RECEIPTS WILL BE IN ADVISORS MAILBOX LATER AFTER DEPOSIT IS MADE
POTENTIAL REVENUE FORM MUST BE ATTACHED FOR ALL FUNDRAISERS.

