

OXFORD CENTRAL SCHOOL PTA
DEPOSIT NOTICE

Your Name: _____ **Phone #:** _____

Total Amount: _____ **Date submitted:** _____

Project Category:

Fundraiser _____

Service to School/Students _____

Executive Expense _____

Other: _____

Specific description of source:

Complete the following information for your deposit.

Total Cash: _____

50's:	20's:	10's:	5's:	1's:
Q:	D:	N:	P:	

Total Checks: _____

<i>Check #</i>	<i>Amt</i>	<i>Customer</i>	<i>Check #</i>	<i>Amt</i>	<i>Customer</i>

Accepted by PTA Treasurer: _____

For Treasurer's Use Only:
Category: _____ **Deposit Date:** _____ **Logged** _____