St. Catherine Laboure PTO Treasurer Deposit Form

Name:	Date:
Consultation	
(Please complete	the information above for all requests and the appropriate section below)
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All roquasts for danasits show	ld be submitted to the School Office for the Treasurer within two
weeks/fourteen days of rece every deposit. The PTO Trea.	eipt. You will be required to complete a Treasurer Deposit Form for surer will confirm the amount of the deposit and make the deposit at the
bank.	
Money collected for	
Money conected for.	(Please list name of event)
Total Cash for Deposit: \$	Total Check(s) for Deposit: \$
Total	Amount of Deposit: \$
Total	(if applicable)
Total Nu	mber of Checks Attached:
Signature:	(Signature required to verify amount of deposit)
☐ Please check	here if deposit is a reimbursement from a Cash Box Request.
	PTO Treasurer, Jenny Sustak
	(717) 580-4331 jjtstak@comcast.net
	<u> </u>
<u>This</u>	s section to be completed by Treasurer and/or Committee Chair
Treasurer's Approval:	Committee Chair Approval (if needed):
Confirmed Deposit Amount:	Office Signature for Difference (if applicable)
	Date of Deposit: