

St. Catherine Laboure PTO Treasurer Deposit Form

Name: _____ Date: _____

Committee: _____

(Please complete the information above for all requests and the appropriate section below)

All requests for deposits should be submitted to the School Office for the Treasurer **within two weeks/fourteen days of receipt**. You will be required to complete a Treasurer Deposit Form for every deposit. The PTO Treasurer will confirm the amount of the deposit and make the deposit at the bank.

Money collected for: _____

(Please list name of event)

Total Cash for Deposit: \$ _____ Total Check(s) for Deposit: \$ _____

Total Amount of Deposit: \$ _____
(if applicable)

Total Number 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, Dorian Skrinak
(717) 497-8129
dgs4912@yahoo.com

This 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: _____