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, Janell Maglowski
(610) 442-4800
janellmaglowski@hotmail.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:*_____

Revised 6/24/2020