

DEPOSIT VERIFICATION FORM

(Form Should Not Be Altered)

Collections Date: _____

Receipt #: _____

Club Name: _____

Account #: _____

Student Officer Signature _____

Sponsor/Administrator Signature _____

Initial Count			Verification Count		
Coins			Coins		
.01		\$.01		\$
.05		\$.05		\$
.10		\$.10		\$
.25		\$.25		\$
.50		\$.50		\$
1.00		\$	1.00		\$
Total	Coins	\$	Total	Coins	\$
Bills			Bills		
1.00		\$	1.00		\$
2.00		\$	2.00		\$
5.00		\$	5.00		\$
10.00		\$	10.00		\$
20.00		\$	20.00		\$
50.00		\$	50.00		\$
100.00		\$	100.00		\$
Total	Bills	\$	Total	Bills	\$
Checks			Checks		
Check #	Amount	From	Check #	Amount	From
Total	Checks	\$	Total	Checks	\$
Total Count		\$	Total Count		\$

Signature of Preparer Date

Signature of Verifier Date

TOTAL DEPOSIT: \$ _____

Cash is to be deposited on a daily basis