

# St. Agnes School H.S.A. Funds Deposit Form

Use when submitting cash or checks  
(Please fill out form completely)

DATE: \_\_\_\_\_

YOUR NAME: \_\_\_\_\_

YOUR PHONE NUMBER: \_\_\_\_\_

SOURCE OF FUNDS being submitted (event): \_\_\_\_\_

BREAKDOWN: (attach PTO fund remittance spreadsheet if more than 10 checks.)

CASH total: \$ \_\_\_\_\_

CHECK total: \$ \_\_\_\_\_

TOTAL: \$ \_\_\_\_\_

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## VERIFICATION REQUIRED

(Please do not leave cash or checks for the treasurer  
without verification of the amounts being submitted)

\_\_\_\_\_  
PRINT NAME of person verifying totals

\_\_\_\_\_  
SIGNATURE of same person

DATED: \_\_\_\_\_

\_\_\_\_\_  
TREASURER (print name)

\_\_\_\_\_  
SIGNATURE of Treasurer

DATED: \_\_\_\_\_