

East Baton Rouge Parish School System # (SAF#5)

DATE SUBMITTED TO THE OFFICE

Teacher: _____
Date: _____

_____ School Name Loc # Level #

Deposit Transmittal Form (Please Print)

This form must be submitted to the principal, assistant principal, or **executive school secretary**. It should be submitted by **11:00 a.m.**

Teacher/Sponsor's Name: _____

Account Number to Charge			
Account Name	Account #	Sub-Acct #	Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Total Cash and Coins \$ _____

Total Check Value \$ _____

Total Deposit \$ _____

Signature of person VERIFYING receipt of funds: _____

Coins that can be rolled, **must** be rolled. (Example \$0.50 in pennies, \$2 in nickels, \$5 in dimes, \$10 in quarters.) Do not wrap coins that do not equal the amount on the wrappers. **Tape the rolls on both ends and write or stamp the school name on each.**

The fund deposited **MATCH/DO NOT MATCH** Receipt book _____

The information below should equal the attached receipts and the total deposit amount above.

Optional Information					
The information below should equal the attached receipts and the total deposit amount above. Thank you for completing both portions of this form as it will help provide greater accuracy in the recordkeeping of school accounts.					
Currency	\$1's	\$	Pennies (\$0.01)	\$	
	\$5's	\$	Nickels (\$0.05)	\$	
	\$10's	\$	Dimes (\$0.10)	\$	
	\$20's	\$	Quarters (\$0.25)	\$	
	\$50's	\$	50 cent pieces (\$0.50)	\$	
	\$100's	\$	\$1 coins (\$1.00)	\$	
Total Dollar Value		\$	Total Coin Value		\$
Total Cash/Coins		\$	Number of Checks		_____
Total Check Value		\$	Total Deposit		\$ _____