

# MARK T. SHEEHAN HIGH SCHOOL DEPOSIT SHEET

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**PLEASE MAKE A COPY FOR YOUR RECORDS PRIOR TO SUBMITTING FOR DEPOSIT**

Date: \_\_\_\_\_

Advisor Name: \_\_\_\_\_

Account Name: \_\_\_\_\_

Source of Income (car wash, candy sales, obligations, etc...): \_\_\_\_\_

Food                                  Non-Food

*Circle one*

## Cash Breakdown

Denomination	Total amount of money (not number of bills/coins)
\$100	
\$50	
\$20	
\$10	
\$5	
\$1	
Coins	

## Check Breakdown

Check #	Ck Amt						

TOTAL CASH/COINS: \_\_\_\_\_

TOTAL CHECKS: \_\_\_\_\_

TOTAL DEPOSIT: \_\_\_\_\_

PLEASE PLACE ALL ITEMS FOR DEPOSIT IN AN ENVELOPE

PLEASE HAVE THIS SHEET ATTACHED TO OR INSIDE OF THE ENVELOPE