

ASB DEPOSIT

SUBMIT WITH EACH DEPOSIT.

MUST ALWAYS HAVE TWO PEOPLE COUNTING THE CASH TOGETHER.

School Name: _____ Date: _____

Description: _____

Account #: _____ Account Name: _____

BILLS

Hundreds	_____	X	\$100.00	=	_____
Fifties	_____	X	\$50.00	=	_____
Twenties	_____	X	\$20.00	=	_____
Tens	_____	X	\$10.00	=	_____
Fives	_____	X	\$5.00	=	_____
Twos	_____	X	\$2.00	=	_____
Ones	_____	X	\$1.00	=	_____

TOTAL BILLS 

COINS

Dollar	_____	X	\$1.00	=	_____
Half Dollar	_____	X	\$0.50	=	_____
Quarters	_____	X	\$0.25	=	_____
Dimes	_____	X	\$0.10	=	_____
Nickels	_____	X	\$0.05	=	_____
Pennies	_____	X	\$0.01	=	_____

TOTAL COINS 

Total # of checks =	_____
---------------------	-------

Total amount of cash =
Total amount of checks =
Total of cash + checks =

SIGNATURE OF BOTH COUNTERS ARE REQUIRED.

Print Name: _____ Signature: _____ Date: _____

Print Name: _____ Signature: _____ Date: _____