

Hillview Middle School PTO

DEPOSIT NOTICE

Committee: _____ **Date:** _____

Contact Person: _____ **Phone:** _____

Description: (ex. Payment for trip, shirts, etc.) _____

Note: Please complete this form and include it in an envelope with all collected funds. Confirm that each check is signed and made to *Hillview Middle School PTO*. Envelopes should be addressed to the PTO Financial Secretary and turned in to the school office. If you have any questions, please email hvptotreasurer@gmail.com.

Complete the following information for your deposit:

Cash	
\$20 x _____ =	_____
\$10 x _____ =	_____
\$ 5 x _____ =	_____
\$ 1 x _____ =	_____
\$.25 x _____ =	_____
\$.10 x _____ =	_____
\$.05 x _____ =	_____
\$.01 x _____ =	_____
Total Cash \$	_____

Checks	
\$ _____ x _____ =	_____
\$ _____ x _____ =	_____
\$ _____ x _____ =	_____
\$ _____ x _____ =	_____
\$ _____ x _____ =	_____
\$ _____ x _____ =	_____
\$ _____ x _____ =	_____
Number of Checks	_____
Total Checks \$	_____

Total Amount \$ _____

Accepted by (PTO Financial Secretary) _____ Received Date _____