

Steinbrenner Athletic Booster Club Funds for Deposit

Team Name: _____

Date: _____

Source of Funds: _____

Are Funds to be Split? Yes No If YES. Please list all allocation and amounts

Coins			Bills		
Denomination	Number	Total	Denomination	Number	Total
Pennies		\$	Ones		\$
Nickels		\$	Fives		\$
Dimes		\$	Tens		\$
Quarters		\$	Twenties		\$
Fifty Cents		\$	Fifties		\$
Dollar Coins		\$	Hundreds		\$
Total Coins		\$	Total Bills		\$

Credit Card Deposits	
Credit Card Deposit Date	Total
	\$
	\$
	\$
	\$
	\$
	\$
Total CC Deposits	\$

Total Coins:	\$	<p style="text-align: center;">Group Representative Signature</p> <p>x _____</p> <p>Print Name: _____</p> <p>Position: _____</p>
Total Bills:	\$	
Total Credit Cards:	\$	
Total Checks:	\$	
GRAND TOTAL FOR DEPOSIT	\$	

Checks	
Total Number of Checks	
Total Amount of Checks	\$

FOR TREASURER USE ONLY:	
Verified by Treasurer: _____	Date Received: _____
Accountant	\$ _____
General: _____	\$ _____
Team: _____	
Date Deposited: _____	

Please keep a copy for your records