

LIMERICK ELEMENTARY HOME & SCHOOL LEAGUE

81 LIMERICK CENTER ROAD

LIMERICK, PA 19468

DEPOSIT NOTICE

Your Name _____ Phone: _____

Date Submitted _____ Total amount: _____

Project/Category _____

Please complete the following information for your deposit:

Cash	Checks:	Check #	Name	Amount
\$20 x _____ = _____		_____	_____	_____
\$10 x _____ = _____		_____	_____	_____
\$ 5 x _____ = _____		_____	_____	_____
\$ 1 x _____ = _____		_____	_____	_____
\$.25 x _____ = _____		_____	_____	_____
\$.10 x _____ = _____		_____	_____	_____
\$.05 x _____ = _____		_____	_____	_____
\$.01 x _____ = _____		_____	_____	_____
Total Cash \$ _____	Total Checks			\$ _____

Amounts verified by (Co-chairs) _____

Accepted by (Treasurer) _____ Date _____

For Treasurer's Use Only:

Category _____ Transaction ID _____ Deposit date _____