Thomas Jefferson
Raider Parent Movement

Deposit Form

(Directions: Fill out the form, make a copy for your records, give the deposit and form to the treasurer)

Date: _____

Person Submitting Deposit: _____

Phone or E-Mail: _____

Team/Group/Club_____

Type of Deposit: ___ Donations
___ Fund Raising Proceeds
___ Participation/Equipment Fees (funds specially collected for a program or an item)

Description of Deposit: _____

_____

Total of Cash **$** _____

Total of Checks **$** _____

Total Deposit **$** _____

By submitting this deposit, group verifies that all applicable laws, regulations, and school policies were followed in this fundraising activity. _____ (Initials)

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Treasurer Use Only

Confirmation of deposit amount received:

Treasurer's Name: _____ **Account** _____

Date of Deposit: _____ **Date Entered** _____

Deposit Amount: _____ **Initials** _____

10/10/12