

Date: _____

Bag #: _____



Karnes City ISD Activity Fund Deposit Slip Form

****Two people must be present when counting money****

Name of Fund: _____

Purpose: _____

Account Code: _____

Quantity		Denomination		Total
_____	@	100s	=	_____
_____	@	50s	=	_____
_____	@	20s	=	_____
_____	@	10s	=	_____
_____	@	5s	=	_____
_____	@	1s	=	_____

CURRENCY (total of all currency) _____

COINS (enter total of all coins) _____

CHECKS (enter total of all checks) _____

TOTAL DEPOSIT _____

Counted by: _____ Date: _____

Counted by: _____ Date: _____

Sponsor's signature: _____ Date: _____

=====

Business office use only:

Cash receipt number: _____

Posted by: _____

Date: _____

Verified by: _____

Date: _____