

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: \_\_\_\_\_