

WESTERN REGION PTA DEPOSIT VOUCHER

Event/Budget Line: _____ **Date:** _____

**Chairman/Preparer's
Signature** _____ **Phone:** _____

Signature _____ **Phone:** _____

Cash deposits require two (2) signatures.

	Check No.	Amount	Notes
Bills			
Coins			
TOTAL CASH			
Checks (List separately) Unit and/or Name			
1)			
2)			
3)			
4)			
5)			
6)			
7)			
8)			
9)			
10)			
11)			
12)			
13)			
14)			
15)			
16)			
17)			
18)			
19)			
20)			
TOTAL CHECKS			
TOTAL DEPOSIT			

For Treasurer's Use			
Date Rcvd _____	Date Dep _____	Amount \$ _____	Budget Code _____