



BRENNEN
ELEMENTARY SCHOOL

Brennen Elementary School

Deposit Form

Date: _____

Committee: _____ *(Please write in memo field of each check)*

Deposit Prepared By: _____

CHECKS

Amount	Budget Line Item Description

CASH

Amount	Budget Line Item Description

TOTAL AMOUNT OF DEPOSIT: \$ _____

TOTAL NUMBER OF CHECKS: _____

To Be Completed by PTO Treasurer:

Deposit Date	Amount	Budget Line Item Description