Adams Parent Teacher Organization
Event Deposit Form

Name of the Event: _____
Person preparing the deposit: _____
Contact phone number: _____
Date Prepared: _____

Directions:
If you collected funds as a part of your APT activity, please complete the deposit form below in duplicate. Once you have counted the funds and recorded the amounts on the form below, place one copy of the form with the funds in a sealed envelope marked "For APT Treasurer" and with the name of the event on the outside. Deliver the envelope to either Nancy Zook in the office, or in person to the treasurer of the APT. (Be sure it is delivered to a person). Keep a second copy of the form on file with the event records.

Thank You

Check #	Amount
Sub Total	

Check #	Amount
Sub Total	

Check #	Amount
SubTotal	

Cash	
Checks on Front	
Checks on Back	
TOTAL DEPOSIT	

Check #	Amount
Sub Total	

Check #	Amount
Sub Total	

Check #	Amount
SubTotal	