Thomas Jefferson HS for S&T PTSA everychild. onevoice

Revenue Deposit and Receipt Form

Date of Receipt:			
Amount of Deposit:			
Source of Deposit:			
Please attach all supporting be allocated (e.g., Member attach a summary reconcili	g documentation to ship, Donation or P	aper Directory). Wi	te where funds should here applicable, please
Deposit Preparer Inform	ation		
Signature:		Printed Name:	
Deposit Prepared by:			
Telephone / E-mail (of p	reparer):		
PTSA Committee Chair of	or Executive Com	nittee Member Ap	proval
Signature:	Printed Name:		
I acknowledge receipt	of \$	_	
Treasurer's Signature Instructions: Please complete (see below) to make deposit arr folder in the PTSA mailbox in	this deposit form with rangements. Deposits	should be hand delivere	
	Questions? email trea	nsurer@tjptsa.org	
For Treasurer's Use Only: Date Deposited:	Deposit #:	Accou	nt: PTSA