

**Deposit Receipts Form**  
**Extra-Classroom Activity Fund (G.O.)**

Amount: \_\_\_\_\_  
\_\_\_\_\_

Date:

Name of School: \_\_\_\_\_  
\_\_\_\_\_

Student Group/Organization:

G.O. Account #: \_\_\_\_\_

Activity (be specific):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Student Treasurer/Officer: \_\_\_\_\_

Print Name

Signature

Faculty Advisor: \_\_\_\_\_

Print Name

Signature

School Administrator: \_\_\_\_\_

Print Name

Signature

**Deposit Breakdown:**

\$100 \_\_\_\_\_  
50 \_\_\_\_\_  
20 \_\_\_\_\_  
10 \_\_\_\_\_  
5 \_\_\_\_\_  
1 \_\_\_\_\_

Coins: \_\_\_\_\_ **Coins should be wrapped if your deposit contains large amounts of coins**

Checks: \_\_\_\_\_ **Write GO Account # on the back of each check/Make copies of all checks**

Total: \_\_\_\_\_

Receipts should be brought to the main office promptly – within 48 hours of an event