

JOHNSON CITY CENTRAL SCHOOL DISTRICT
STUDENT ORGANIZATION ACCOUNTING FORM
DEPOSIT RECEIPT

5210-E.3

[RECEIPT NUMBER: _____]

SCHOOL: _____ DATE: _____

Student Organization: _____

Source of Funds: _____

Please indicate name of organization and activity on all wrapped money.

BILLS:

\$1.00 Bills/\$50.00 lots \$ _____

All Other Bills:

(list amount in each denomination) \$50.00 \$ _____

\$20.00 _____

\$10.00 _____

\$ 5.00 _____

\$ 1.00 _____

Other _____

TOTAL IN BILLS: \$ _____

COINS:

Rolled Coins \$.50 \$ _____

\$.25 _____

\$.10 _____

\$.05 _____

\$.01 _____

Loose Coins _____

TOTAL IN COINS: \$ _____

CHECKS: (Please list each check separately - attach additional list if necessary)

_____ \$ _____

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

TOTAL IN CHECKS: \$ _____

TOTAL DEPOSIT: \$ _____

NYS SALES TAX: \$ _____

Activity Treasurer: Signature: _____ **Date:** _____

Faculty Advisor: Signature: _____ **Date:** _____

Central Treasurer: Signature: _____ **Date:** _____

[Date of Bo

Activity Treasurer Copy _____
Central Treasurer Copy _____

son City Central School District, Johns

Posted: Cash Book _____
Accounting Book _____