



GMS PTO DEPOSIT FORM

To: Heather Carlisle, PTO Co-Treasurer
5225 Aryshire Drive, Dublin, Ohio 43017
Email: hmcarlisle@gmail.com

Date: _____

Or:
Michael Berger, PTO Co-Treasurer
Address, Dublin, Ohio 43017
Email: michaelberger31@gmail.com

From: _____

Phone: _____

Committee: _____

Source of Cash/Checks Received: _____

<u>Deposit Type</u>	<u>Amount</u>
Currency _____	\$ _____
Coins _____	\$ _____
Checks: Number of checks submitted _____	
Total amount of checks submitted	\$ _____
Total Deposit	\$ _____

All CASH deposits over \$500 must be authorized by 2 PTO Members

Deposit Authorized by:

*****TREASURER'S USE ONLY*****

Date of Deposit: _____

PTO Treasurer Initials: _____